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| **INTAKE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| **Intake Date:** | | | | | | | | **Client ID:** | | | | | | | | | | **Date of Birth:** | | | | |
| **Last Name:** | | | | | | | | | | | **First Name:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | **City:** | | | | | | | | **State:** | | **Zip:** | |
| **Current Sexual Orientation:** | | | | | □ Gay  □ Lesbian  □ Straight/Heterosexual  □ Bisexual | | | | | | □ Queer  □ Pansexual  □ Asexual  □ Not Sure/Questioning | | | | | | | □ Chose Not to Respond  □ Sexual Orientation Not Listed  □ Write in: | | | | |
| **Gender Pronouns:** | □ She/her/hers  □ He/him/his  □ They/them/theirs  □ Pronoun not listed / Write-in: | | | | | | | | | | **Current Gender Identity:**  □ Woman/Girl  □ Transgender Woman/Girl  □ Man/Boy  □ Transgender Man/Boy | | | | | | □ Non-Binary Person  □ Gender Non-Conforming Person  □ Not Sure/Questioning  □ Chose not to respond  □ Gender not listed/Write-in: | | | | | |
| **Primary Language Spoken:** | | □ 01 English □ 02 Spanish □ 03 French  □\*Other: Please specify: | | | | | | | | | **Sex Assigned at Birth:** | | | | | | □ Female □ Male □ Intersex  □ Chose not to respond | | | | | |
| *How do you prefer your gender/sex to be presented on formal NYS ID forms/ documents?* | | | | | | | | | | | | □ M □ F □ X | | | | | | | | | | |
| **Housing:** □ 01 Homeless on Street □ 02 Homeless in Shelter  □ 03 Transitional Housing  □ 04 Residential-Psychiatric  □ 05 Residential-Group Home  □ 06 Residential-Drug Tx | | | | □ 07 Skilled Nursing Facility or Hospice  □ 08 Hospital  □ 09 Correctional Facility (Jail/Prison)  □ 10 Permanent Housing-Rental  □ 11 Permanent Housing-Owns Home  □ 12 With Relations/ Friends  □ 13 Domestic Violence Situation | | | | | | | **Ethnicity**:  □ Non-Hispanic  □ Hispanic | | ***Hispanic Details:***  □ *31 Puerto Rican*  □ *32 Dominican*  □ *33 South American* | | | | | | | □ *34 Mexican/*  *Mexican-American / Chicano(a)*  □ *35 Central American*  □ *36 Cuban*  □ *37 Spanish*  □ *38 Other Hispanic, Latino/a or Spanish Origin* | | |
| **Insurance Status:**  □ Known  If Known, Insurance type: | | | | | | □ No Insurance  □ Unknown/ Unreported | | | | | Race:  □ White  □ Black or African American | | | | | | | | | □ Asian  □ American Indian or Alaska Native  □ Native Hawaiian/ Pacific Islander | | |
| **Referral Source:**  □ 658 Self  □ Other: | | | | **Type of Referral Source:**  □ External  □ Internal | | | | | | | **HIV Status (at intake):**  □ 01 HIV-Positive, Not AIDS  □ 02 HIV-Positive, AIDS Status  Unknown | | | | | | | | | □ 03 HIV-Negative, Unaffected  □ 04 Unknown/Unreported  □ 08 HIV Negative, Affected  □ 10 HIV-Positive, CDC-Defined AIDS | | |
| **Counselor:** | | | | | | | **Program Performing Intake:** | | | | | | | | | | | | | **Site:** | | |
| **HIV/AIDS Risk History** | | | | | | | | | | | | | | | | | | | | | | |
| **Have you had sex with?** | | | **In the last 5 years:** | | | | | | **In the last 6 months:** | | | | | | | If Yes, select all that apply: | | | | | | Sex without a condom? |
| **Women** | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | | 🞅 Vaginal 🞅 Anal 🞅 Oral | | | | | | 🞅 Yes 🞅 No |
| **Men** | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | | 🞅 Vaginal 🞅 Anal 🞅 Oral | | | | | | 🞅 Yes 🞅 No |
| **Transgender women** | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | | 🞅 Vaginal 🞅 Anal 🞅 Oral | | | | | | 🞅 Yes 🞅 No |
| **Transgender men** | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | | 🞅 Vaginal 🞅 Anal 🞅 Oral | | | | | | 🞅 Yes 🞅 No |
| **Gender non-conforming, non-binary, or questioning persons** | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | | 🞅 Vaginal 🞅 Anal 🞅 Oral | | | | | | 🞅 Yes 🞅 No |
| **Were any of your partners in the last 6 months…** | | | | | | | | | | | | | | | | | | | | | | |
| A person who is living with HIV? | | | | | 🞅 No 🞅 Yes  🞅 Choose not to respond/Unknown | | | | | | | | | A person who engages in sex in order to get something they need such as money, drugs, food or housing? | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| A person who is living with HCV? | | | | | 🞅 No 🞅 Yes  🞅 Choose not to respond/Unknown | | | | | | | | |
| A person diagnosed with an STI? | | | | | 🞅 No 🞅 Yes  🞅 Choose not to respond/Unknown | | | | | | | | | A person who injects drugs? | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| **Have you in the last 6 months…** | | | | | | | | | | | | | | | | | | | | | | |
| Been diagnosed with an STI? | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | Had sex in order to get something you needed such as money, drugs, food, or housing? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| **Have you ever…** | | | | | | | | | | | | | | | | | | | | | | |
| Heard of PrEP? | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | | If Yes - on PrEP the last 12 months? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| If yes – currently on PrEP | | | | | | | | | | 🞅 No 🞅 Yes | | |
| **Name:** | | | | | | | | | | | | | | | **ID:** | | | | | | | |
| **Have you ever…** | | | | | | | | | | | | | | | | | | | | | | |
| Injected drugs | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | If Yes – within last 5 years? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| If Yes – within last 12 months? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| Had a previous HIV Test? | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | If Yes, Date & result Date: \_ \_/\_ \_/\_ \_ \_ \_ | | | | | | | | | | 🞅 Positive 🞅 Negative  🞅 Chose not to respond/Unknown | | |
| Been diagnosed with a Hemophilia/coagulation disorder? | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | If Yes, received products prior to 1987? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| Received a blood product or transplant? | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | If Yes, prior to 1992? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| Snorted drugs? | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | Had chronic hemodialysis? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| Had a Tattoo from an unlicensed artist? | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | Lived with someone who had HCV? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |
| Had a Body Piercing from an unlicensed piercer? | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | | | | Been exposed to blood or body fluids while at work? | | | | | | | | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | |

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| CTR - PART A – Client Info | | | | | | | | | | | |
| **How Provided:**  🞅 In-person  🞅 Self-Test with result  🞅 Self-Test without result  🞅 No Test Provided | | | | Was this encounter part of a testing strategy (choose one): | | | | | | | |
| □ **Social Networking Strategy?** | | | | Referred by | | | |
| □ **Testing Together?** | | | | Testing with | | | |
| **CTR - PART B – HIV Tests** | | | | | | | | | | | |
| **Test 1 (Rapid)** | | | | **Test 2 (Laboratory Testing)** | | | | | | | |
| **Specimen Date:** | | | | **Specimen Date:** | | | | | | | |
| **Test Election:** ○ Anonymous ○ Confidential | | | | **Test Election:** ○ Anonymous ○ Confidential | | | | | | | |
| Test Results: ○ Preliminary Positive ○ Negative ○ Invalid | | | | Lab-based Test Results: ○ HIV-1 Positive ○ HIV-1 Positive, possibly acute  ○ HIV-2 Positive ○ HIV-2 Positive, undifferentiated | | | | ○ HIV-1 Negative, HIV-2 Inconclusive  ○ HIV-1 Negative  ○ HIV Negative ○ Inconclusive | | | |
| **Results Provided?**  ○ No ○ Yes | **If Yes, Date:** (mm/dd/yyyy) | | | **Results Provided?**  ○ No ○ Yes  ○ Yes, from another agency | | | | | **If Yes, Date:** (mm/dd/yyyy) | | |
| **Test ID/Accession:** | | | | **Test ID/Accession:** | | | | | | | |
| **If the Final Result is Negative (Rapid or Laboratory Test)** | | | | | | | | | | | |
| **For clients who are currently not on PrEP…** | | | | |  | | | | | | |
| **Screened for PrEP Eligibility?** | | ○ No ○ Yes | | *PrEP should be offered to individuals, including adolescents (weighing at least 77 lbs.), that do not have, but are at increased risk of acquiring HIV.* | | | | | | | |
| **Eligible for PrEP?** | | ○ No ○ Yes | | **Referred to a PrEP Provider?** | | | | | | | ○ No ○ Yes |
| **Assistance with Linkage to a PrEP Provider?** | | | | | | | ○ No ○ Yes |
| **Support Services for Clients with a Negative Test Result** | | | | | | | | | | | |
|  | | | **Screened for need** | | | **Need Identified** | **Service Provided** | | | **Service Referred** | |
| **Health benefits navigation and enrollment** | | | ○ No ○ Yes | | | ○ No ○ Yes | ○ No ○ Yes | | | ○ No ○ Yes | |
| **Evidence-based risk reduction intervention** | | | ○ No ○ Yes | | | ○ No ○ Yes | ○ No ○ Yes | | | ○ No ○ Yes | |
| **Behavioral health services** (mental health treatment, and substance use treatment) | | | ○ No ○ Yes | | | ○ No ○ Yes | ○ No ○ Yes | | | ○ No ○ Yes | |
| **Social services** (housing, transportation, domestic violence intervention and employment) | | | ○ No ○ Yes | | | ○ No ○ Yes | ○ No ○ Yes | | | ○ No ○ Yes | |

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| **Name:** | | | **ID:** | | |
| **CTR - PART D: If the Final Laboratory Test Result is Positive** | | | | | | |
| |  |  |  | | --- | --- | --- | | **Did the client attend an HIV medical care appointment after this positive test?** | ○ Yes, confirmed | If yes, date attended: (mm/dd/yyyy) | | ○ Yes, client/patient self-report | | ○ No | | | ○ Don’t know | | | | | | | | |
| **Has the client ever had a positive HIV test?** | ○ No  ○ Yes  ○ Don’t know | If yes, date of first positive test result: (mm/dd/yyyy) | | *If the day is unknown, use the 15th of the month.*  *If the month and day are unknown, use 01/15.*  *If the complete date is unknown, use 01/01/1800.* | | |
| If yes, has the client seen a medical provider for ART in the past 6 months? | | | ○ No ○ Yes | |

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| **Was the client provided with individualized behavioral risk-reduction counseling?** | ○ No ○ Yes |
| **Was the client’s contact information provided to the health department for Partner Services?** | ○ No ○ Yes |
| **Was the NYS Provider Reporting Form DOH-4189 completed and submitted? (Required)** | ○ No ○ Yes |
| **What was the client’s most unstable housing status in the past 12 months?** | ○ Literally homeless  ○ Unstably housed or at risk of losing housing  ○ Stably housed  ○ Declined to answer  ○ Don’t know |

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| **Is the client pregnant?** | ○ No  ○ Yes \*\*  ○ Declined to answer  ○ Don’t know | **If yes:** **Is the client in prenatal care?** | ○ Yes  ○ No  ○ Don’t know  ○ Declined to answer | | |
| **Was the client screened for need of perinatal HIV service coordination?** | | | ○ No ○ Yes | | |
| **Does the client need perinatal HIV service coordination?** | | | ○ No ○ Yes | | |
| **Was the client referred for perinatal HIV service coordination?** | | | ○ No ○ Yes | | |
| **Support Services for Clients with a Confirmed Positive Result** | | | | | |
|  | | **Screened for Need** | **Need Identified** | **Service Provided** | **Service Referred** |
| **Navigation services for linkage to HIV medical care** | | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes |
| **Linkage services to HIV medical care** | | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes |
| **Medication adherence support** | | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes |
| **Health benefits navigation and enrollment** | | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes |
| **Evidence-based risk reduction intervention** | | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes |
| **Behavioral health services** (mental health treatment, and substance use treatment) | | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes |
| **Social services** (housing, transportation, domestic violence intervention and employment) | | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes | ○ No ○ Yes |
| **Notes:** | | | | | |
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