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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** |
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| **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 |

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| **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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