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| **D** **\* CLIENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\* LAST NAME**   **\* FIRST NAME**  *Middle* |
| **\* TEST DATE:**  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ | **\* PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\* WORKER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **\*SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **\* HCV RISK ASSESSMENT** *Please note that if a full Risk Assessment was gathered for this testing date (as part of intake), this information will not need to be reentered* |
| **Primary Risk Factors…** |  |
| Injected drugs (ever)?  | ○ No ○ Yes ○ Chose not to respond/Unknown |
| Snorting Drugs? | ○ No ○ Yes ○ Chose not to respond/Unknown |
| Had a Tattoo from an unlicensed artist? | ○ No ○ Yes ○ Chose not to respond/Unknown |
| Had a Body Piercing from an unlicensed piercer? | ○ 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 |
| 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 |
| Had chronic hemodialysis?  | ○ No ○ Yes ○ Chose not to respond/Unknown |
| Been exposed to blood or body fluids while at work?  | ○ No ○ Yes ○ Chose not to respond/Unknown |
| **Additional Risk Factors…** |  |
| Any of your partners living with HCV?  | ○ No ○ Yes ○ Chose not to respond/Unknown |
| Ever lived with someone who had HCV?  | ○ No ○ Yes ○ Chose not to respond/Unknown |
| **\*TEST INFORMATION AND REFERRALS** |
| **Has the client been previously tested for HCV?** ○ Yes ○ No ○ Unknown If Yes, Date: \_\_ \_\_ / \_\_ \_\_ /\_\_\_\_\_\_\_\_ **If the day is unknown, enter “01”****Has the client been previously cured of HCV?** ○ Yes ○ No ○ Unknown If Yes, Date: \_\_ \_\_ / \_\_ \_\_ /\_\_\_\_\_\_\_\_ |
| **RESULTS** | **RESULTS PROVIDED…**  |
|   ○ Reactive (Positive)  ○ Non-Reactive (Negative)  | ○ Yes  | If Yes, Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ **\_\_**  |
| ○ No | If No, Reason: ○ 01 Refused Notification ○ 02 Did Not Return / Could Not Locate  ○ 88 Other |
| ***If the Client had a Reactive (Positive) Result and the Results were Provided, continue to next page…*** |

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| **D** **\* CLIENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\* LAST NAME**   **\* FIRST NAME**  *Middle* |
| **\* TEST DATE:**  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| **Client Referred for HCV Diagnostic Test?** ○ Yes ○ No ○ Client refused offer of referral**If Yes, Organization** (from Referral Library)**:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Status:** □ +01 Client Received Service □ -19 Client Attended Appt. – unable to obtain specimen □ -21 Client Declined Offer of HCV RNA Referral □ -01 Client Refused Service □ -07 Lost to follow up □ -04 Appointment Pending *\*\*\*not considered a “final” status* |
| **If the client Received HCV Diagnostic Testing…****HCV RNA Test Date:** \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_\_\_\_ **HCV RNA Result:** ○ Positive/Detectible ○ Negative/Undetectable ○ Specimen not viable **(Results) Provided:** ○ Yes ○ No |
| **If the client’s HCV RNA Result Was Positive/Detectible…****Client Referred for HCV Medical Evaluation & Treatment:** ○ Yes ○ No ○ Client refused offer of referral**If Yes, Organization** (from Referral Library)**:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Status:** □ +01 Client Received Service □ -22 Client Declined Offer of HCV Medical Referral □ -01 Client Refused Service □ -07 Lost to follow up □ -04 Appointment Pending *\*\*\*not considered a “final” status* |