



HIV COUNSELING INFORMATION FORM



ADMINISTRATION INFORMATION

Risk Assessment Date: (mm/dd/yyyy)

Site ID

Counselor ID:

Agency ID

Intervention

- HCT
- Routine Testing

Clinic Type (mark one):

- HIV Test Site
- Mobile Van
- STD
- Alternative Test Site
- Alcohol/Drug Treatment Center
- TB
- Family Planning Clinic
- Youth Drop-in Center
- Primary Care/CHC
- Other Health Dept.
- Detention Facility
- Street Outreach
- Other, specify:

Consent Received:

- Yes
- No

Release of Information Received:

- Yes
- No

Identity verified?

- Yes
- No

Client Type of ID:

- CA Driver License
- Other (Specify):
- Green Card
- Passport

INSTRUCTIONS:

Fill bubbles completely with a black pen. Shade Circles Like This--> ●

Not Like This--> ⊗ ⊕

When writing letters or numbers, place one character in each box. For letters, use only capitals.

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Place Lab Sticker #1 Below

Place Lab Sticker #2 Below

Place Lab Sticker #3 Below

CLIENT IDENTIFICATION

Client's First Name:

Client's Last Name

DOB (mm/dd/yyyy):

Invalid DOB?

- Yes

Zip Code of Residence

Current Gender

- Male
- Female
- Transgender M-F
- Transgender F-M
- Other (Specify):
- Pregnant

Sexual Orientation

- Heterosexual (straight)
- Gay, lesbian, queer, or homosexual
- Bisexual
- Client does not know
- Other (specify):

What is your race/ethnicity? (mark all that apply)

- Black / African-American
- Hispanic/ Latino(a)
- American Indian/ Alaska Native
- White
- Asian
- Native Hawaiian/ Pacific Islander
- Declined
- Dont' Know
- Other race, specify:

Homeless Status

- Not Homeless/Has a permanent living situation indoors
- Homeless, living outdoors
- Homeless, staying in a shelter or transitional housing where other services are being provided
- Homeless, sleeping in a car or temporary indoor situation without additional services
- Homeless, but cannot or will not give more detail
- Unable or unwilling to give any information as to homeless status

Country of Origin:



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CLIENT TESTING SERVICES

Previous HIV Test

- Yes
- No
- Don't Know

Last HIV Test Result:

- Positive Inconclusive, discordant, invalid
- Negative Did not return for results
- Preliminary Positive

Last Test Date (mm/yyyy):

		/				
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Test 1

Sample Date (mm/dd/yyyy):

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Test Election:

- Anonymous test
- Confidential test
- Declined testing/
not tested

HIV Test Type:

- Rapid test
- Conventional test
- Other

Specimen Type

- Oral
- Fingerstick
- Veni-puncture
- Blood Spot

Test Result

- Positive/Reactive
- NAAT Positive
- Negative
- Indeterminate
- Pending
- Invalid
- No Result

Result Disclosed

- Yes
- No

Date Result Provided (mm/dd/yyyy):

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Disclosure Counselor ID:

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Reason Result Not Provided

- Declined Notification
- Didn't return/could not locate
- Obtained results at another agency
- Other

Rapid Reactive: Confirm. Sample Collected

- Yes
- Client declined confirmatory test
- Didn't return/Could not locate
- Referred to another agency
- Other

Test 2

Sample Date (mm/dd/yyyy):

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Test Election:

- Anonymous test
- Confidential test
- Declined testing/
not tested

HIV Test Type:

- Rapid test
- Conventional test
- Other

Specimen Type

- Oral
- Fingerstick
- Veni-puncture
- Blood Spot

Test Result

- Positive/Reactive
- NAAT Positive
- Negative
- Indeterminate
- Pending
- Invalid
- No Result

Result Disclosed

- Yes
- No

Date Result Provided (mm/dd/yyyy):

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Disclosure Counselor ID:

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Reason Result Not Provided

- Declined Notification
- Didn't return/could not locate
- Obtained results at another agency
- Other

Rapid Reactive: Confirm. Sample Collected

- Yes
- Client declined confirmatory test
- Didn't return/Could not locate
- Referred to another agency
- Other

Test 3

Sample Date (mm/dd/yyyy):

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Test Election:

- Anonymous test
- Confidential test
- Declined testing/
not tested

HIV Test Type:

- Rapid test
- Conventional test
- Other

Specimen Type

- Oral
- Fingerstick
- Veni-puncture
- Blood Spot

Test Result

- Positive/Reactive
- NAAT Positive
- Negative
- Indeterminate
- Pending
- Invalid
- No Result

Result Disclosed

- Yes
- No

Date Result Provided (mm/dd/yyyy):

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Disclosure Counselor ID:

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Reason Result Not Provided

- Declined Notification
- Didn't return/could not locate
- Obtained results at another agency
- Other

Rapid Reactive: Confirm. Sample Collected

- Yes
- Client declined confirmatory test
- Didn't return/Could not locate
- Referred to another agency
- Other



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Risk Factors - Past 12 Months	Confirmed HIV+ Clients Only
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<input type="radio"/> Client Was Not Asked <input type="radio"/> No Risk Identified <input type="radio"/> Client Declined To Discuss Risk IDU Past 12 Months <input type="radio"/> Client used injection drugs <input type="radio"/> Client shared IDU equipment In the past 12 months, have you had sex with: (mark all that apply) <div style="text-align: center;">Frequency of barrier use</div>		Was client referred to medical care? <input type="radio"/> Yes <input type="radio"/> No If yes, did client attend 1st appointment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know If no, why? <input type="radio"/> Client already in care <input type="radio"/> Client declined care Was Client referred to Prevention Services? <input type="radio"/> Yes <input type="radio"/> No Was client referred to PCRS? <input type="radio"/> Yes <input type="radio"/> No If pregnant, is client in prenatal care <input type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> No <input type="radio"/> Not Asked <input type="radio"/> Don't Know If no, did client receive referral this visit? <input type="radio"/> Yes <input type="radio"/> No If yes, did client attend 1st appointment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
Number of Partners <input type="radio"/> Male partners <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	Sexual Activity <input type="radio"/> Oral <input type="radio"/> Vaginal <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Anal insertive <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Anal receptive <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<input type="radio"/> Female partners <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<input type="radio"/> Oral <input type="radio"/> Vaginal <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Anal insertive <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<input type="radio"/> Transgender partners Male to Female: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> Female to Male: <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<input type="radio"/> Oral <input type="radio"/> Vaginal insertive <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Vaginal receptive <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Anal insertive <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Anal receptive <input type="radio"/> <input type="radio"/> <input type="radio"/>	

Sex Partner Type (last 12 months) (mark all that apply)	Sexual Activity (mark all that apply)	Partner's Gender (mark all that apply)	Frequency of barrier use (for vaginal and anal sex only)
	Oral Vaginal Anal ins. Anal rec.	Male Female Trans.	Never Sometimes Always
<input type="radio"/> Male partners known to have had sex with a male (if client is female)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> Sex worker partner(s)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> Partner(s) who inject drugs	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> HIV-positive partner(s)	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

Did client know partner's HIV+ status prior to sexual contact? Yes No Was a risk reduction plan developed? Yes No

Incidence - HIV+ Positive Clients Only
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Date Information Collected <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>	Is Client Currently on Anti-retrovirals (ARV)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Declined	If yes, please specify ARV medication: ARV1 ARV2 ARV3 ARV4 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>
Date First Positive HIV Test <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>	Has Client Ever Tested Negative <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Declined	Date ARV Started <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>
Total # of Tests in 2 Years <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; text-align: center;">1</div> + <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> = <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <small>Today Prior to today Total</small>	Date Last HIV Negative Test <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>	Date ARV Stopped <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> / <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>



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Counselor Notes

Codes for Antiretroviral (ARV) medication(s)

22 Agenerase (amprenavir)
30 Aptivus (tipranavir, TPV)
32 Atripla (efavirenz/emtricitabine/tenofovir DF)
24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
06 Crixivan (indinavir, IDV)
11 Emtriva (emtricitabine, FTC)
03 Eпивir (lamivudine, 3TC)
28 Epzicom (abacavir/lamivudine, ABC/3TC)
25 Fortovase (saquinavir, SQV)
10 Fuzeon (enfuvirtide, T20)
19 Hepsara (adefovir)
02 Hivid (zalcitabine, ddC)
23 Hydroxyurea
18 Invirase (saquinavir, SQV)
16 Kaletra (lopinavir/ ritonavir)
31 Lexiva (fosamprenavir, 908)
07 Norvir (ritonavir, RTV)
33 Prezista (darunavir, DRV)
09 Rescriptor (delavirdine, DLV)
26 Retrovir (zidovudine, ZDV, AZT)
15 Reyataz (atazanavir, ATV)
08 Saquinavir (Fortavase, Invirase)
21 Sustiva (efavirenz, EFV)
13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
01 Videx (didanosine, ddl)
14 Videx EC (didanosine, ddl)
17 Viracept (nelfinavir, NFV)
05 Viramune (nevirapine, NVP)
12 Viread (tenofovir DF, TDF)
04 Zerit (stavudine, d4T)
21 Ziagen (abacavir, ABC)
88 Other