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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** | | | | | | | | **Client ID:** | | | |
| **CTR – PART A – Client Info** | | | | | | | | | | | |
| **Program Performing Intake:** | | | | **Site:** | | | | | **Counselor:** | | |
| **How Provided:** 🞅 In-person 🞅 Self-Test with result 🞅 Self-Test without result 🞅 No Test Provided | | | | | | | | | | | |
| **Session Date: \_ \_/\_ \_/\_ \_ \_ \_**  □ No Testing was provided | | | | **This encounter was part of a testing strategy (choose one):** | | | | | | | |
| □ **Social Networking?** | | | | | Referred by | | |
| □ **Testing Together?** | | | | | Testing with | | |
| **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 women** | 🞅 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  🞅 Choose 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  🞅 Choose 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 | |

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| **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 |

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| --- | --- | --- | --- |
| **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 |

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| **Client Name:** | | | | | | | **Client ID:** | | | | | |
| **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 | |
| Notes: | | | | | | | | | | | | |
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| **Client Name:** | **Client 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 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 | | | **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 | | | | | | | **Is the client pregnant?** | ○ No  ○ Yes \*\*  ○ Declined to answer  ○ Don’t know  ○ Not asked | | | | | **If yes:** **Is the client in prenatal care?** | | | | ○ Yes  ○ No  ○ Don’t  ○ 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:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |