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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 | | | | | | |
| Living Situation at Agency Intake: Head of Household? □ Yes □ No □ N/A  Dependent children living with client? □ Yes □ No □ N/A  Is client inadequately housed? □ Yes □ No □ N/A | | | | | | | | Household Data at Agency Intake:  Household size: \_\_\_\_ \_\_\_\_  Total Annual Household Income: $ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  □ Incarcerated | | | | | | | |
| **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* | |
| Race:  □ White  □ Black or African American  □ Asian  □ American Indian or Alaska Native  □ Native Hawaiian/ Pacific Islander | | | | **Insurance Status:**  □ Known  If Known, Insurance type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No Insurance  □ Unknown/ Unreported | | | | **Referral Source:**  □ 658 Self  □ Other: | | | | | **Type of Referral Source:**    □ External  □ Internal | | |
| **HIV Adult Status:**  Effective Date: \_ \_/\_ \_/\_ \_ \_ \_  MM/DD/YYYY  □ 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 | | | | | | | HIV Pediatric Status:  □ 05 HIV-Infected (Pediatric)  □ 06 HIV-Vertical (Perinatal) Exposure  □ 07 HIV-Negative Seroreverter  □ 09 HIV-Affected (Pediatric)  □ 11 HIV-Negative, at risk, Not Affected  □ 12 Unknown / Unreported  □ 13 HIV-Negative, Not at risk | | | | Symptoms (Pediatric Only):  □ None  □ Mild  □ Moderate  □ Severe | | | | |
| This person can be contacted (Check all that apply): □ Discretion □ By Mail □ Home Visit □ By Phone**:** Daytime Telephone: (\_ \_ \_) \_ \_ \_-\_ \_ \_ \_  □ Social Media: Handle(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Telephone: (\_ \_ \_) \_ \_ \_-\_ \_ \_ \_ | | | | | | | | | | | | | | | |
| **Person Completing Intake:** | | | | | **Program Performing Intake:** | | | | | | | | **Site:** | | |
| **Notes:** | | | | | | | | | | | | | | | |
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| **Name:** | | | | | **ID:** | | | |
| **HCV Status:** (Enter in the Hepatitis Status/Vaccination History screen) | | | | | | | | |
| □ 9 Previously infected (resolved)  □ 10 Previously infected (treatment success)  □ 12 Not infected  □ 13 Unknown  □ 15 Infected (chronic-probable)  □ 18 Infected (Chronic or Acute) | | | | Effective date: \_ \_/\_ \_/\_ \_ \_ \_ | | | | |
| **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  🞅 Chose 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  🞅 Chose not to respond/Unknown | |
| A person diagnosed with an STI? | | 🞅 No 🞅 Yes  🞅 Chose 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 | |
| Injected drugs | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | | If Yes – within the past 5 years? | | | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | |
| If Yes – within the 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 | |
| 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 | |
| **Notes:** | | | | | | | | |
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