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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* |