

HIV Counseling and Testing Form

Do not send this form to ADPH. Enter data collected into HADIS. County health departments using CureMD, enter data collected into EHR.

Complete section 1 for ALL persons

Form ID (enter or adhere)

1 | Agency and Client Information

Session Date	Client State (USPS abbreviation)
Client Last Name First Name	Client County
Date of Birth	Client ZIP Code
Social Security Number	Client Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer
Agency Name	Client Race (select all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Not Specified <input type="checkbox"/> Black/African American <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Don't Know
Is testing site location the same as agency location? <input type="radio"/> Yes <input type="radio"/> No	Client Assigned Sex at Birth <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to Answer
If testing site is different from agency location, Site Name	Client Current Gender Identity <input type="radio"/> Male <input type="radio"/> Transgender Unspecified <input type="radio"/> Female <input type="radio"/> Declined to Answer <input type="radio"/> Transgender Male to Female <input type="radio"/> Another Gender <input type="radio"/> Transgender Female to Male
Site Type (codes below)	Has the client ever previously been tested for HIV? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Site Address	
Site City	
Site Zip Code	
Site County	
Client Phone Number	
Client Address	
Client City	

Site Types: Clinical

- F01.01 - Inpatient hospital
- F02.12 - TB clinic
- F02.19 - Substance abuse treatment facility
- F02.51 - Community health center
- F03 - Emergency department
- F08 - Primary care clinic (other than CHC)
- F09 - Pharmacy or other retail-based clinic
- F10 - STD clinic
- F11 - Dental clinic
- F12 - Correctional facility clinic
- F13 - Other

Site Types: Mobile

- F40 - Mobile Unit

Site Types: Non-clinical

- F04.05 - HIV testing site
- F06.02 - Community setting - School/educational facility
- F06.03 - Community setting - Church/mosque/synagogue/temple
- F06.04 - Community Setting - Shelter/transitional housing
- F06.05 - Community setting - Commercial facility
- F06.07 - Community setting - Bar/club/adult entertainment
- F06.08 - Community setting - Public area
- F06.12 - Community setting - Individual residence
- F06.88 - Community setting - Other
- F07 - Correctional facility - Non-healthcare
- F14 - Health department - Field visit
- F15 - Community Setting - Syringe exchange program
- F88 - Other

Complete sections 2-5 for ALL persons

Form ID (enter or adhere)

2 | PrEP Awareness and Use

Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?

No Yes

Is the client currently taking daily PrEP medication?

No Yes

Has the client used PrEP anytime in the last 12 months?

No Yes

3 | Priority Populations

In the past five years, has the client had sex with a male?

No Yes

In the past five years, has the client had sex with a female?

No Yes

In the past five years, has the client had sex with a transgender person?

No Yes

In the past five years, has the client injected drugs or substances?

No Yes

4 | Final Test Information

HIV Test Election

Anonymous Confidential Test Not Done

Test Type (select one only)

CLIA-waived point-of-care (POC) Rapid Test(s) Laboratory-based Test

POC Rapid Test Result (definitions at right)

Preliminary Positive
 Positive
 Negative
 Discordant
 Invalid

Laboratory-based Test Result

HIV-1 Positive
 HIV-1 Positive, possible acute
 HIV-2 Positive
 HIV Positive, undifferentiated
 HIV-1 Negative, HIV-2 Inconclusive
 HIV-1 Negative
 HIV Negative
 Inconclusive, further testing needed

Result provided to client?

No Yes Yes, client obtained the result from another agency

5 | Additional Tests

Was the client tested for co-infections?

No Yes

Tested for Syphilis?

No Yes

Syphilis Test Result (optional)

Newly Identified Infection
 Not Infected
 Not Known

Tested for Gonorrhea?

No Yes

Gonorrhea Test Result (optional)

Positive Negative Not Known

Tested for Chlamydial infection?

No Yes

Chlamydial infection Test Result (optional)

Positive Negative Not Known

Tested for Hepatitis C?

No Yes

Hepatitis C Test Result (optional)

Positive Negative Not Known

Value Definitions for POC Rapid Test Results

Preliminary positive - One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency

Positive - Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done

Negative - One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done

Discordant - One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done

Invalid - A CLIA-waived POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport

Complete sections 6-8 for persons testing **NEGATIVE** for HIV

Form ID (enter or adhere)

6 | Risk Assessment

Is the client at risk for HIV infection? *(optional)*

No Yes Risk Not Known Not Assessed

7 | PrEP Eligibility and Referral

Was the client screened for PrEP eligibility?

No Yes

Is the client eligible for PrEP referral?

No Yes, by CDC criteria Yes, by local criteria or protocol

Was the client given a referral to a PrEP provider?

No Yes

Was the client provided navigation or linkage services to assist with linkage to a PrEP provider?

No Yes

8 | Essential Support Services

	Screened for need	Need determined	Provided or referred
Health benefits navigation and enrollment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

Local Use Fields *(optional)*

Local Use Field 1

Local Use Field 2

Local Use Field 3

Local Use Field 4

Local Use Field 5

Local Use Field 6

Local Use Field 7

Local Use Field 8

Notes *(optional)*

Complete section 9 for persons testing POSITIVE for HIV

Form ID (enter or adhere)

9 | Positive Test Result

Did the client attend an HIV medical care appointment after this positive test?

- Yes, confirmed No
 Yes, client/patient self-report Don't Know

→ Date Attended

Has the client ever had a positive HIV test?

- No Yes Don't Know

→ Date of first positive HIV test

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

What was the client's most unstable housing status in the last 12 months?

- Literally homeless Not Asked
 Unstably housed or at risk of losing housing Declined to Answer
 Stably housed Don't Know

If the client is female, is she pregnant?

- No Declined to Answer
 Yes Don't Know

→ Is the client in prenatal care?

- No Not Asked
 Yes Declined to Answer
 Don't Know

→ 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

Health Department Use Only

eHARS State Number

eHARS City/County Number

New or previous diagnosis? (definitions below)

- New diagnosis, verified Previous diagnosis
 New diagnosis, not verified Unable to determine

→ Has the client seen a medical care provider in the past six months for HIV treatment?

- No Declined to Answer
 Yes Don't Know

Partner Services Case Number

Was the client interviewed for Partner Services?

- Yes, by a health department specialist
 Yes, by a non-health department person trained by the health department to conduct partner services
 No
 Don't Know

→ Date of Interview

Value Definitions for New or Previous Diagnosis

New diagnosis, verified - The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).

New diagnosis, not verified - The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.

Previous diagnosis - Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.

Unable to determine - The HIV surveillance system not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.

Complete section 10 for persons testing POSITIVE for HIV

Form ID (enter or adhere)

10 | Essential Support Services

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Linkage services to HIV medical care	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Medication adherence support	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Health benefits navigation and enrollment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

Local Use Fields (optional)

Local Use Field 1
Local Use Field 2
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Local Use Field 8

Notes (optional)
