



**Testing Method\*:**

**Rapid:**  Oraquick  Clearview

**Conventional:**  Blood Draw  OraSure

**Type of Specimen:**

Blood - Finger stick

Blood - Spot

Blood - Venipuncture

Oral mucosal transudate

**HIV Pre-Test Information\* (Conventional HIV test only)**

**Date:**

**Specimen Collected**

**Month: /Day: /Year:**

**Post-test appointment scheduled**

**Month: /Day: /Year:**

**Post-test counseling completed**

**Month: /Day: /Year:**



<b>B. Action Plan* : (Steps 3 – 4)</b>
<b>1. Safer Goal Behavior(s)</b>
<b>1a. Previous Success Notes (Please be specific):</b>
<b>1b. Safer Goal Behavior Notes (Please be specific):</b>
<b>2. Personal Action Plan</b>
<b>2a. Barriers Notes (Please be specific):</b>
<b>2b. Benefits Notes (Please be specific):</b>
<b>3. Action Steps</b>
<b>Notes (Please be specific):</b>

**C. Psycho-Social Assessment\* : (Step 4a)**

**1. Client's situation and concerns to be addressed.**

*Note. This relates to whether or not the client is able to deal with test results. What is the client's support system?; History of depression?; History of suicide attempts? Is client ready to get tested?*

**Notes (Please be specific):**


**Partner Notification Information\***

**Partner Notification System:**

Self-Referral    C.A.R.E. Referral for Interview    C.A.R.E. Referral

**In the Last 1-2 years:**

**Notes (Please be specific):**

**1. Number of needle sharing partners?**

**#:**

**2. Number of sexual partners?**

**#:**

**3. How would client notify partners if results were positive?:**

**Notes (Please be specific):**


**4. If client's HIV test results was positive (+):**

**4a. What is the name of the C.A.R.E. program worker client was referred to?**

**First:**

**Last:**

**4b. When was the date the client was referred to C.A.R.E?**

**Date:        /        / Year:**


**D. Make Referrals & Provide Support\* : (Step 5)**

<b>Referral Out To:</b>	<b>Appointment Made Date:</b>	<b>Appointment Completed Date:</b>	<b>Appointment Follow-up Date</b>
1.	Month: /Day: /Year:	Month: /Day: /Year:	Month: /Day: /Year:
2.	Month: /Day: /Year:	Month: /Day: /Year:	Month: /Day: /Year:
3.	Month: /Day: /Year:	Month: /Day: /Year:	Month: /Day: /Year:
4.	Month: /Day: /Year:	Month: /Day: /Year:	Month: /Day: /Year:
5.	Month: /Day: /Year:	Month: /Day: /Year:	Month: /Day: /Year:
6.	Month: /Day: /Year:	Month: /Day: /Year:	Month: /Day: /Year:

**Notes (Documentation of No-show; Attempts to follow up, if applicable):**


**Notes (Other):**


**E. Summarize & Close the Session\* : (Steps 6)**

*Note.* This information must be linked with previously collected information in order to be properly filled.

**1. Discuss concerns and review plan with client:**

**Notes (Please be specific):**

**2. Demonstrate any risk reduction techniques (if applicable):**

**Notes (Please be specific):**

**Post-test Session\***

**1. Results:**

**Positive**

**Negative**

**Preliminary Positive**

**Indeterminate**

**2. Date of Suggested Re-Test Due to Window Period:**

**Month:        /Day:        /Year:**

**Notes (Please be specific):**

**3. Assessment:**

**Notes (Please be specific):**

**4. Does action plan need to be revised?     No     Yes**

**Notes (Please be specific):**

**Confirmatory HIV Test Information\***

Type of confirmatory HIV Test:  Blood Draw  OraSure  Other:

Source:

Confirmed HIV Test Result:	<input type="checkbox"/> Positive/Reactive	<input type="checkbox"/> Indeterminate
	<input type="checkbox"/> Negative/Non-Reactive	<input type="checkbox"/> Invalid

HIV Test Date:        /        / Year:

Confirmed Documentation Source:	<input type="checkbox"/> Within Agency
	<input type="checkbox"/> External Test Result - Agency Provided
	<input type="checkbox"/> External Test Result - Client Provided

Confirmation Date:        /        / Year:

Notes (Please be specific):

**Early Referral Linkage Initiative (ERLI)\***

If client's HIV test result was positive, were they successfully linked with early intervention services?  
 Yes     No

Notes (Please be specific):

## Quality Improvement Check List\*

**Informed Consent signed**

**C.A.R.E Agreement signed**

**Action Plan completed**

**HIV Testing Form- Part 1 completed**

**Early Referral Linkage Initiative (ERLI) documented**

**HIV Positive (+) results recorded in the HIV Test Forms- Part 1**

**HIV Positive (+) referrals recorded in the HIV Test Forms- Part 2**

**HIV Positive (+) incidence recorded in the HIV Test Forms- Part 3**

**HIV Positive (+) results Confidential Case Report Form (Sent to Surveillance)**

**Progress Notes**