Last Name | First (& Nickname)

Address (Street) (Apt. #)

City, State, & Zip Code | Telephone Number

Age/D.O.B. / /

Race: AI/AN | A | B | W | NH/PI | U | R | D

Hispanic: Y | N | U | R | D

Gender: M | F | MtF | T | FtM | U | R | D

Marital Status: S | M | Sep | D | W | C | U | R

Internet Alias/E-mail Address | Internet Site/System

Height | Size/Build | Hair | Complexion

Place of Employment/Hours/Phone

Other Identifying, Locating, or Medical Information

FR Number	OOJ No.	OOJ Area	Due Date
			/ /

Ix Only FR: Yes ☐ No ☐

Referral Basis:	Disease 1	Disease 2
☐ **Partner** _____		
☐ **S/A** _____		
☐ **Positive Lab Test**		
☐ **OOJ/ICCR** _____		

Pregnant? Y _____ Wks. N U

900 Case Status:

Original Patient ID. Number:

Exposure: First Freq. Last

Date	Test	Result	Provider

Date	Drugs	Dosage	Provider

Initiating Agency	Invest. Agency	Clinic Code

Disease 1

Interviewer Number:

Date Initiated: / /

Type Interview: Type Referral:

Dispo:

Date: / /

New Case #:

DX: Worker:

Disease 2

Interviewer Number:

Date Initiated: / /

Type Interview: Type Referral:

Dispo:

Date: / /

New Case #:

DX: Worker:

Internet Outcome: Post-test Counseled: Yes No

900 PS Information **(Complete on all 900 Sexual Contacts)**

Interviewed? ☐☐ 900 PS Interview Date ___/___/___

Sex at Birth: M F D Additional, Specify: _____

Notifiability: ☐☐ Plan: ☐☐ Actual Method: ☐☐

Self-Reported Results: ☐☐ Date of Last 900 ___/___/___

Referral 1: ☐ Referral Date ___/___/___ Test: ☐ Result: ☐

Post: ☐ **900+ Only:** Referral 2: ☐ First Appt.: ☐☐

FACTORS Was behavioral risks assessed? ☐ **Optional for 900 negative sexual contacts.**

	Y/O/U/N/R/D		Y/N/R/D
Male	☐	IDU	☐
Female	☐	Share Equipment	☐
Transgender	☐	NIR	☐
Condom	☐	Other	☐

Standard Documentation Abbreviations

Bic - Bicillin
C/B - Call back/Called back
CLIX - Cluster Interview
CX - Contact
CL - Cluster
CSW - Commercial Sex Worker
FB - Field Blood
FR - Field Record
FV - Field Visit
HX - History
IM - Intramuscular
IP - Index Patient
IX - Interview
LX – Lesion
MSM - Men who have Sex with Men
OI - Original Interview
OP - Original Patient
P/C - Phone Call
Pt - Patient
RI - Reinterview
RS - Record Search
SX - Symptoms
TX - Treatment
PTC - Post-test counsel
W/ - With
WBI - Will be in
W/O - Without

Disease/Diagnosis
030 - HepB acute w/o delta
031 - HepB acute w/ delta
033 - HepB chronic w/o delta
034 - HepB chronic w/ delta
042 - Hepatitis delta
051 - Hepatitis C, acute
053 - Hepatitis E
054 - Hepatitis C, chronic
070 - Hepatitis, unknown
100 - Chancroid
200 - Chlamydia
300 - Gonorrhea (uncomplicated)
350 - Resistant Gonorrhea
400 - Non-Gonoccocal Urethritis (NGU)
450 - Mucopurulent Cervicitis (MPC)
490 - PID Syndrome
500 - Granuloma Inguinale
600 - Lymphogranuloma Venereum (LGV)
710 - Syphilis, primary
720 - Syphilis, secondary
730 - Syphilis, early latent
740 - Syphilis, unknown duration
745 - Syphilis, late latent
750 - Syphilis, late w/ symptom
790 – Syphilis, congemital
800 - Genital Warts
850 - Herpes
900 - HIV Infection
950 - AIDS (Syndrome)
951 - Recounsel for previous AIDS case

Race
AI/AN - American Indian or Alaskan Native
A - Asian
B - Black or African American
NH/PI - Native Hawaiian or Other Pacific Islander
W - White
U - Unknown
R - Refused to Answer
D – Did not ask

Hispanic
Y - Yes, Hispanic/Latino
N - No, not Hispanic/Latino
U - Unknown
R - Refused to Answer
D – Did not ask

Gender
M - Male
F - Female
MTF - Male to Female Transgender
FTM - Female to Male Transgender
T – Transgender unspecified
U - Unknown
R - Refused to Answer
D – Did not ask

Marital Status
S - Single, Never Married
M - Married
SEP - Separated
D - Divorced
W - Widowed
C - Cohabitation
U - Unknown
R - Refused to Answer

Sexual Risk Factors
Y-Yes, Anal or Vaginal Intercourse (with or without Oral Sex)
O-Yes, Oral Sex Only
U-Unspecified Type of Sex
N-No
R-Refused to Answer
D-Did Not Ask

Non-Sexual Risk Factors
Y – Yes **N** – No
R – Refused **D** – Did Not Ask

Referral Basis
T1 - Positive Test Result
T2 - Case Report
T3 - Clinic Walk-In
T4 – Second Positive Test
F1 - Congenital Follow-Up
F2 - 900 Re-Counsel
F3 - Test of Cure
F4 - Treatment Restart
F5 - Treatment Only
F6 - Vaccination
M1 - Maternal Follow-up
M2 - Infant Follow-up
P1 - Sex Partner
P2 - Needlesharing Partner
P3 - Both Sex and Needle
S1 - Symptomatic
S2 - Named partner of infected
S3 - Anyone
A1 - Symptomatic
A2 - Named partner of infected
A3 - Anyone
C1 – Unnamed person from a venue screening

Type of Interview
O – Original Interview (OI)
R – Reinterview Interview (RI)
C – Cluster Interview
P – Post-Test Counseling
U – Unable to Interview but Partners, Social Contacts, and/or Associates were initiated

Type Referral
1 – Patient (Client)
2 - Provider
3 - Dual
4 - Contract
5 - Third Party

STD Dispositions
A - Preventative Treatment
B - Refused Preventative Treatment
C - Infected, Brought to Treatment
D - Infected, Not Treated
E - Previously Treated for This Infection
F - Not Infected
G - Insufficient Information to Begin Investigation
H - Unable to Locate
I - Successful Interview/Recounsel
J - Located, Not Examined, Treated, and/or Interview
K - Sent Out Of Jurisdiction
L - Other
Q - Administrative Closure
V - Domestic Violence Risk
X - Patient Deceased
Z - Previous Preventative Treatment

HIV Dispositions STD Dispos G – X are applicable
1 - Previous Positive
2 - Previous Negative, New Positive
3 - Previous Negative, Still Negative
4 - Previous Negative, Not Re-tested
5 - Not Previously Tested, New Positive
6 - Not previously Tested, New Positive
7 - Not Previously Tested, Not Tested Now

900 Case Status
01 - HIV Negative result - The patient has tested HIV negative.
02 - New HIV Case requiring partner services The patient is newly diagnosed HIV positive.
03 - Prior-positive HIV case; New Partner services - The patient is a previously known HIV positive case requiring partner services due to being not previously known to health department as a named case.
04 - Prior-positive HIV case; New Partner Services - The patient is a previously reported HIV positive case requiring partner services due to other new STD infection or pregnancy.
05 - Prior-positive HIV case; New Partner Services The patient is a previously known or reported HIV positive case requiring partner services due to being identified as a sexual or social contact to an STD or HIV case.
06 - Other - None of the above 900 status apply to the patient but the status is known. Specify details within notes.
09 - Unknown - The patient HIV status is unknown.

Was behavioral risks assessed?
1- Client completed a behavioral risk profile.
5 - Client was asked but no behavioral risks were identified
66 - Client was not asked about behavioral risk factors
77 - Client declined to discuss behavioral risk factors

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RS - Record Search
SX - Symptoms
TX - Treatment
PTC - Post-test counsel
W/ - With
WBI - Will be in
W/O - Without

Disposition Date
Newly Examined and Treated - Use the date of treatment.
Newly Examined, not Treated - Use the date of examination.
Previously Examined and/or Treated - Use the date the partner/cluster investigation is closed.
Not Examined - Use the date the investigation is closed.

Internet Outcome
I1 – Informed-Urgent Matter
I2 – Informed-General Exposure
I3 – Informed-Disease Specific
I4 – Demographics Found-routine Follow-up
I5 – Unknown Outcome
I6 – Not enough Info to Begin Investigation

Interviewed?
01 Accepted
02 Refused

Notifiability
01 No - Partner is deceased
02 No - Partner is out of jurisdiction
03 No - Partner has a risk of domestic violence
05 No - Partner is known to be previously positive
06 Yes - Partner is notifiable
88 Other

Notification Plan
01 Client notification
02 Provider notification
03 Dual notification
04 Contract
05 Third-party notification

Notification Method
01 Client notification
02 Provider notification
03 Dual notification
05 Third-party notification
06 Refused notification

Self-reported HIV Results
01 Positive
02 Negative
03 Preliminary positive
04 Indeterminate

Testing Confirmed
01 Positive/Reactive
02 NAAT-positive
03 Negative

Refered to HIV Testing
0 No
1 Yes

HIV Testing Performed
0 No
1 Yes

Referral Test Result
01 Positive/Reactive
03 Negative
04 Indeterminate
05 Invalid
06 No result

Results Provided
0 No
1 Yes

Refered to Medical Care (Referral 2)
0 No, client was not referred to HIV medical care/ evaluation/treatment.
1 Yes, referred to HIV medical care/examination/ treatment.

If yes, did client attend first appointment
1 - Pending
2 - Confirmed - Accessed service
3 - Confirmed - Did not access service
4 - Lost to follow-up after 90 days of referral date
5 - No follow-up
99 - Don't know