

COMPREHENSIVE RISK COUNSELING & SERVICES
Sample Referral Tracking Template

Name _____^{®X702} Date of Referral ____/____/20____^{®H09} Worker ID _____ Client ID _____

(Fill out 1 form for each referral)

®X703 Referral Service Type

- | | |
|---|---|
| <input type="checkbox"/> 01 HIV Testing | <input type="checkbox"/> 14 Partner counseling and referral services |
| <input type="checkbox"/> 02 HIV Confirmatory test | <input type="checkbox"/> 15 Mental Health Services |
| <input type="checkbox"/> 03 HIV prevention counseling | <input type="checkbox"/> 16 Comprehensive Risk Counseling & Services |
| <input type="checkbox"/> 04 STD screening and treatment | <input type="checkbox"/> 17 Other prevention services |
| <input type="checkbox"/> 05 Viral Hepatitis screening / treatment | <input type="checkbox"/> 18 Other support services |
| <input type="checkbox"/> 06 Tuberculosis testing | <input type="checkbox"/> 88 Employment Assistance |
| <input type="checkbox"/> 07 Syringe exchange services | <input type="checkbox"/> 88 Foodbank |
| <input type="checkbox"/> 08 Reproductive health services | <input type="checkbox"/> 88 Case Management (e.g., Ryan White, SAMSA, Medicaid) |
| <input type="checkbox"/> 09 Prenatal care | <input type="checkbox"/> 88 Housing Assistance |
| <input type="checkbox"/> 10 HIV medical care / evaluation / treatment | <input type="checkbox"/> 88 Legal Assistance |
| <input type="checkbox"/> 11 IDU risk reduction services | <input type="checkbox"/> 88 Child care assistance |
| <input type="checkbox"/> 12 Substance abuse services | <input type="checkbox"/> 88 Clothing assistance |
| <input type="checkbox"/> 13 General medical care | <input type="checkbox"/> 88 Other (specify) _____ |

Referral Agency Name _____

®X705 Referral Follow-up Plan

- | | |
|---|---|
| <input type="checkbox"/> 00 No- follow-up | There is no plan to verify that the client accessed this referral |
| <input type="checkbox"/> 01 Active referral | The referring provider will directly link the client to the service provider or agency |
| <input type="checkbox"/> 02 Passive referral
(agency verifies) | The referring provider will confirm the outcome of a referral through information received by the receiving agency. |
| <input type="checkbox"/> 03 Passive referral
(client verifies) | The referring provider will confirm the outcome of a referral through information provided by the client. |

®X706 Referral Outcome

- | | |
|---|--|
| <input type="checkbox"/> 01 Pending | The referring agency has not yet confirmed whether the client accessed the service to which he or she was referred. |
| <input type="checkbox"/> 02 Confirmed | The referring agency has confirmed whether <u>the client accessed</u> the service to which he or she was referred. |
| <input type="checkbox"/> 03 Confirmed | The referring agency has confirmed that <u>the client had not accessed</u> the service to which he or she was referred. |
| <input type="checkbox"/> 04 Lost to follow-up | Within 60 days of the referral date (Referral Date < 60), access of the service to which the client was referred can't be confirmed or denied. The system will automatically mark a referral as "lost to follow-up" if a referral has not been verified within 60 days of the referral date. |
| <input type="checkbox"/> 05 No follow-up | The referral was not tracked to confirm whether the client accessed the referred service. |

®X710 Referral Close Date

- | | |
|--------------------------|---|
| <input type="checkbox"/> | The date the outcome of the referral was confirmed or lost to follow-up. ____/____/20____ |
|--------------------------|---|

COMPREHENSIVE RISK COUNSELING & SERVICES

***X7221 Reason referral was not completed**

- 01 No Reason/just didn't try/Not interested
- 02 No time/too busy/put it off
- 03 Did not like the agency
- 04 Agency hours not good
- 05 Never filled out forms
- 06 Not enough info on availability of service or location
- 07 No transportation
- 08 Tried, but not eligible
- 09 Put on hold/complicated voicemail
- 10 Fear/anxiety
- 11 Wait list/no appointment soon enough
- 12 Services not at referred agency
- 13 Given incorrect information
- 14 No phone / regular address
- 15 Staff was rude / insensitive
- 16 Language barrier
- 17 Intake process too complicated
- 18 Too long a wait
- 19 Missed appointment
- 20 Too much trouble / work
- 21 Confidentiality issues
- 22 Too ill to go
- 23 Felt well /did not need service
- 24 Lack of trust in provider
- 25 No Health Insurance
- 26 Too expensive
- Other (specify) _____

***7222 Other Services Provided**

- 02 Made an appointment for client
- 03 Sat with client while telephoned agency
- 04 Provided general referral agency info
- 05 Provided referral slip
- 06 Provided referral to specific agency/person
- 07 Discussed service options with clients
- 08 Arranged for social worker/case manager to assist
- 09 Provided transportation voucher
- 10 Help client complete forms
- 11 Provided agency location info/map
- 88 Other (specify) _____

Case Notes _____

Counselor Signature _____ **Date** ____ / ____ /20____