Field Record

Last Name | First (& Nickname)

Address (Street) (Apt. #)

City, State, & Zip Code | Telephone Number

Age/D.O.B. / /

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

Hispanic: Y | N | U

Gender: M | F | MTF | FTM | U | R

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 | W K s. | N | U

900 Case Status:

Original Patient ID. Number:

Exposure: First 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

900 PS Information (Complete on all 900 Sexual & Social Contacts, Associates, & Cohorts)

Interviewed? 900 PS Interview Date ___/___/___ Sex at Birth: M F additional, Specify: _____

Notifiability: Plan: Actual Method:

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

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

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

FACTORS **Optional for 900 negative sexual & social contacts, associates, or cohorts.**

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

Other (Specify): _____

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