

CIF V.2 HIV COUNSELING INFORMATION FORM

Shade Circles Like This--> ● When writing letters or numbers, place one character in each box. For letters, use only capitals.
 Not Like This--> ⊗ ⊙

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Place Lab Sticker #1	Place Lab Sticker #2	Place Lab Sticker #3	Place Lab Sticker #4

ADMINISTRATIVE INFORMATION SITE AND TEST

<p>HIRS Client ID (HIRS Sites Only)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Risk Assessment Date: (mm/dd/yyyy) Counselor ID</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="background-color: #e0e0e0; padding: 5px; margin-top: 5px;"> <p>Consent Received Release form</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No </p> </div> <p>Release Form Date : (mm/dd/yy) Release Revoked Date: (mm/dd/yy)</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<p>HIRS Site Code :</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>State Site Code :</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Test Election:</p> <p> <input type="radio"/> Anonymous test <input type="radio"/> Confidential test <input type="radio"/> Client declined testing/not offered </p> <p>Test Type:</p> <p> <input type="radio"/> Standard test <input type="radio"/> Rapid test <input type="radio"/> STD or Hepatitis test </p>
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DEMOGRAPHIC INFORMATION

First Name	Middle	Last Name
Date of Birth: (mm/dd/yyyy)		
Home Address (#)	Home Address (Street)	
Apt/Unit #	Home Address (City)	
Zip Code	County of Residence	Phone Number
E-mail Address		
<p>Biological gender at birth: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Intersex</p> <p>Current Gender (Mark only one)</p> <p> <input type="radio"/> Male <input type="radio"/> Transgender (M-F) <input type="radio"/> Female <input type="radio"/> Transgender (F-M) </p> <p>Is client pregnant? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If pregnant, is client in prenatal care? <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Other (Specify): </p>		
<p>Identify Verified (Confidential clients)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Type of Identification (Mark only one)</p> <p> <input type="radio"/> Client Photo ID <input type="radio"/> Green Card <input type="radio"/> Passport <input type="radio"/> Other ID </p>		



DEMOGRAPHIC INFORMATION

Race/ethnicity (Mark all that apply)

- Black/African American
- American Indian/Alaska Native
- Asian
- Latino(a)
- White
- Native Hawaiian/Pacific Islander
- Other race (specify):

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Country of Origin

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Health Insurance Coverage : Select one choice only

- No Coverage
- Private
- Medi-Cal (Medicaid)
- Medicare
- Other Public, specify :
- Military
- Indian Health Services
- Did not ask

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Sexual Orientation (Mark only one)

- Heterosexual (straight)
- Bisexual
- Other (specify):
- Gay, lesbian, queer, or homosexual
- Client does not know

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Client's Educational Level (Mark only one)

- 6th grade
- 8th grade
- 11th grade
- High School graduate (12th grade)
- GED
- Some college/Trade school/Associate's Degree
- 4-year college graduate (Bachelor's)
- Post-graduate Degree
- Don't know
- Refused to answer

Homeless Status

- Not Homeless/Has a permanent living situation indoors
- Homeless, living outdoors
- Homeless, staying in a shelter or transitional housing where other services are provided
- Homeless, sleeping in a car or temporary indoor situation without additional services
- Homeless, but cannot or will not give more detail
- Unable or unwilling to give any information as to homeless status

Incarcerated for more than 24 hours (in the last 12 months)?

- Yes No

Does Client Identify as a Sex Worker? Yes No

COUNSELOR NOTES :



CLIENT SEXUAL HISTORY

 No Sexual Risk History

 Declines/Refuses Sexual Risk History

In the past 12 months, have you had sex with: (mark all that apply)

Frequency of barrier use

Number of Partners

Sexual Activity

Never

Sometimes

Always

<input type="radio"/> Male partners	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<input type="radio"/> Vaginal <input type="radio"/> Anal insertive <input type="radio"/> Anal receptive	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

<input type="radio"/> Female partners	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<input type="radio"/> Vaginal <input type="radio"/> Anal insertive	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

<input type="radio"/> Transgender partners	<p>Male to Female:</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p>Female to Male:</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>									<input type="radio"/> Vaginal insertive <input type="radio"/> Vaginal receptive <input type="radio"/> Anal insertive <input type="radio"/> Anal receptive	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Sex Partner Type (last 12 months) (mark all that apply)	Sexual Activity (mark all that apply)	Frequency of barrier use (for vaginal and anal sex only)			Partner's Gender (mark all that apply)			
		Never	Sometimes	Always	Male	Female	Transg. M to F	Transg. F to M
<input type="radio"/> Male partners known to have had sex with a male (if client is female)	<input type="radio"/> Vaginal <input type="radio"/> Anal Rec.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Sex Worker Partners	<input type="radio"/> Vaginal <input type="radio"/> Anal Ins. <input type="radio"/> Anal Rec.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Partner(s) who inject drugs	<input type="radio"/> Vaginal <input type="radio"/> Anal Ins. <input type="radio"/> Anal Rec.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> HIV-positive partner(s)	<input type="radio"/> Vaginal <input type="radio"/> Anal Ins. <input type="radio"/> Anal Rec.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did client know partner's HIV positive status prior to sexual contact? Yes No

Sex in Exchange (last 12 months) (mark all that apply)	Sexual Activity (mark all that apply)	Frequency of barrier use (for vaginal and anal sex only)			Partner's Gender (mark all that apply)			
		Never	Sometimes	Always	Male	Female	Transg. M to F	Transg. F to M
<input type="radio"/> Money or other items or services for sex	<input type="radio"/> Vaginal <input type="radio"/> Anal Ins. <input type="radio"/> Anal Rec.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Drugs for Sex	<input type="radio"/> Vaginal <input type="radio"/> Anal Ins. <input type="radio"/> Anal Rec.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SUBSTANCE USE HISTORY

Drugs Used (Last 12 months) (Mark all that apply)	Had sex while high or intoxicated																					
(Mark all that apply)	Injected	Intoxicated																				
<input type="radio"/> Don't Know/Refused																						
<input type="radio"/> No alcohol or drug use																						
<input type="radio"/> Alcohol		<input type="radio"/>																				
<input type="radio"/> Methamphetamine (crystal, meth, speed, crank, tina)	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/> Cocaine (powder)	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/> Crack (rock)	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/> Heroin (junk, skag, smack, dope, H)	<input type="radio"/>																					
<input type="radio"/> Pain Killers/Tranquilizers (e.g. Oxycontin, Percocet, Morphine, Codeine, Ativan, Phenobarbital, Valium)	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/> Ecstasy (MDMA, E, X)	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/> Steroids	<input type="radio"/>																					
<input type="radio"/> Hormones	<input type="radio"/>																					
<input type="radio"/> Vitamins/Insulin	<input type="radio"/>																					
<input type="radio"/> Other, specify:	<input type="radio"/>	<input type="radio"/>																				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						

Sexual Enhancement Drugs Used (Last 12 months) With Sex? Mark all that apply	YES	NO
<input type="radio"/> Viagra, Cialis, or Levitra (includes generic brands)	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Poppers (nitrites/nitrates, rush)	<input type="radio"/>	<input type="radio"/>

RISK REDUCTION PLAN

Risk reduction plan developed?
 Yes No

Syringe/Needle Use (complete if injected)

How often...(last 12 months)?
 Never Sometimes Always

Shared syringes/needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared syringes with known HIV+ partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaned syringes/needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared other works (cooker, cotton, spoon, water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaned other works	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared Works with known HIV+ partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STD/Hepatitis Risk and Other HIV History

STDs & Hepatitis (Last 12 months - Mark all that apply):

No STDs/hepatitis
 Syphilis (syph, the pox, lues)
 Genital Herpes (HSV)
 Chlamydia
 Gonorrhoea (GC, clap, drip)
 Human Papilloma Virus (HPV)
 Other STD
 If Other STD, specify:

Viral STDs/Hepatitis (lifetime history) :

HSV
 HBV
 HCV
 HPV

Hepatitis Vaccination (lifetime history)

Completed hepatitis B (HBV) vaccination series?
 Yes
 No

Other HIV Risk Factors (last 12 months)

Other behavior/exposure?
 Yes
 No

If yes, specify:

PRIOR HIV TESTING

No. Prior HIV Tests

Last Test Date: (mm/yy)

/

Last Test Result:

Negative
 Positive
 Preliminary Positive (No Confirmatory result received)
 Inconclusive, discordant, invalid
 Never received a result
 Client does not know
 Client declined/refused

If positive, currently in HIV medical care/ treatment?

Yes
 No

If positive, reason for retest:

(1) Mark if Client ever in an HIV Vaccine Trial



FINAL TEST RESULT

Note: This section is for informational purposes only

Final HIV Test Result:

- Negative Preliminary Positive (no confirmatory sample taken)
 Positive Inconclusive Discordant Invalid
 Other, specify:

DISCLOSURE

Actual HIV Test Disclosure Date: (mm/dd/yyyy)

	/		/	
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Counselor ID

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If conventional test or rapid test with preliminary positive results:

Disclosure Scheduled Yes No

**Reschedule Attempt Date for Rapid or Conventional Test Result
(Date Client was called: (mm/dd/yyyy))**

	/		/	
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Counselor ID/Initials

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Reschedule Attempt Outcome:

- Client returned for disclosure Obtained HIV results elsewhere
 Unable to locate/contact Client declined notification
 Rescheduled but did not return

OTHER TESTS OFFERED

Hepatitis C Test Offered:

- Not offered
 Yes, client accepted
 Yes, client declined

Home Access Test Kit Used?

- Yes No

HCV Test Result:

- Negative Positive Inconclusive

HCV Disclosure Date (mm/dd/yyyy)

	/		/	
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Additional Tests this Visit:

- No additional tests Syphilis Other STD (other than HIV)
 Tuberculosis Gonorrhea
 Hepatitis B Chlamydia

PREVENTION REFERRALS

- | | |
|---|--|
| <input type="radio"/> No Referrals provided
<input type="radio"/> Comprehensive Risk Counseling (CRCS)
<input type="radio"/> HIV Education & Prevention Services
<input type="radio"/> Follow-Up HIV Counseling
<input type="radio"/> Prevention Skill Development
<input type="radio"/> Prevention Support Group
<input type="radio"/> Individual psychotherapy/counseling
<input type="radio"/> Alcohol/drug treatment (detox, methadone, outpatient or residential)
<input type="radio"/> Harm reduction services
<input type="radio"/> Reproductive health services
<input type="radio"/> Non-HIV/HCV medical services
<input type="radio"/> Social services
<input type="radio"/> Other referral, specify: | <input type="radio"/> HCV Medical Services
<input type="radio"/> Post exposure prophylaxis
<input type="radio"/> Hepatitis testing/vaccination
<input type="radio"/> STD testing & treatment
<input type="radio"/> TB testing & treatment
<input type="radio"/> Other HIV testing
<input type="radio"/> Syringe Exchange Program |
|---|--|

Counselor Notes

