

Linkage Case Management Client Follow-Up Status

Form must be completed and data must be entered into Casewatch ninety (90) days after client has been disengaged from the LCM program.

Client Name: _____ Follow-Up Date: _____

Client **WAS CONTACTED** at 90 days (select one):

- In face-to –face meeting
 By phone

Client was **NOT** contacted at 90 days because (select one):

- Client lost to follow-up/unable to locate
 Client is incarcerated

Client Status:

Was client **LINKED** to HIV Medical Care? Yes No

If **yes**, where (clinic): _____

Was a Viral Load Test Completed? Yes: Viral Load Value _____copies/mL No

Was patient prescribed ART? Yes No

Did the client see an HIV primary care physician at this clinic? Yes No

If client was **NOT LINKED** to Medical Care, for what reason(s):

- Living Situation Substance Use Transportation Stigma Felt fine
 Mental Health Issues Working Childcare Disclosure Other

Is client interested in attending an HIV medical appointment at this time? Yes No

If yes, LCM referred client to: _____

Linkage Case Manager Signature: _____ Date: _____