



Submit yellow copy to State HIV/AIDS program within 30 days of interview date

Washington State AIDSNET HIV Prevention Program PARTNER COUNSELING RECORD

- New Case
 Update

- Interviewed
 Not Interviewed

Date LHJ receives a report indicative of a new HIV infection	month day year □□/□□/□□	Date of 1 st attempt to locate or contact index patient	month day year □□/□□/□□
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Interview Date	HIV Test Date	Interviewer (Name or ID #)	Agency #
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Interview Source (✓one – the actual source of this interview)

Health Department C&T Site Provider Referral (other than case report) Case Management Referral
 Reported Case Client/Self Referral Other (explain) _____

Client Information				name			
Scan Form #		State ID # (Case Report)		Local Client ID #			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Age: _____	Residence Zip: _____	Residence County: _____			
Ethnicity (✓one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Hispanic		Race (✓all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Island <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Risk (✓all that apply)							
<input type="checkbox"/> sex with male		<input type="checkbox"/> sex w/injection drug user		<input type="checkbox"/> hemophilia/blood recipient			
<input type="checkbox"/> sex with female		<input type="checkbox"/> sex w/man who had sex with a man		<input type="checkbox"/> health care exposure			
<input type="checkbox"/> used injecting drugs		<input type="checkbox"/> sex w/person with HIV/AIDS		<input type="checkbox"/> victim of sexual assault			
<input type="checkbox"/> sex for drugs/money		<input type="checkbox"/> sex w/person w/other HIV/AIDS risk		<input type="checkbox"/> no acknowledged risk			
If Client was Not Interviewed, Give Reason (✓one)							
<input type="checkbox"/> Unlocatable		<input type="checkbox"/> Client did not return		<input type="checkbox"/> Previous Positive (must have had PN interview within last 6 months)			
<input type="checkbox"/> Client refused interview		<input type="checkbox"/> Other (explain i.e.: deceased) _____					

Partner Elicitation Interview Information						
Interview Period: _____ Number of Months (Interview Period is how far back Partners were gathered -- in number of months.)						
Spousal Information: (✓all that apply during the past 10 years)						
<input type="checkbox"/> Currently Married		<input type="checkbox"/> Formerly Married (# of times: _____ - only count exposed spouses)	<input type="checkbox"/> Never Married			
<i>Note: Every spouse who has been exposed to HIV should be accounted for in the Disposition Information section below in column "Spouse".</i>						
Partners Identified:			Identified Persons at Risk (P@R):			
# for Public Health referral:	Sex	-or-	Needle Sharing	-or-	Both Sex & Needle	# for Public Health referral: _____
# for client referral:	_____	_____	_____	_____	_____	# for client referral: _____
# unknown (not locatable):	_____	_____	_____	_____	_____	_____

Disposition Information										
Persons to be notified by Public Health:	Partner		P@R		Age	Race	Sex	Disposition (See Back)	Scanform or ID #	Invest. Agency
	Spouse Y N	Exposure S N B	Y	N						
1.										
2.										
3.										
4.										
5.										
Partners to be notified by HIV-infected client:	Partner		P@R		Age	Race	Sex	Disposition	Scanform or ID #	Invest. Agency
	Spouse Y N	Exposure S N B	Y	N						
1.										
2.										
3.										
4.										
5.										