# Washington State AIDSNET HIV Prevention Program

## PARTNER COUNSELING RECORD

<table>
<thead>
<tr>
<th>Interview Date</th>
<th>HIV Test Date</th>
<th>Intervener (Name or ID #)</th>
<th>Agency #</th>
</tr>
</thead>
</table>

## Interview Source

- Health Department C&T Site
- Provider Referral (other than case report)
- Case Management Referral
- Other (explain)

## Client Information

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Transgender</th>
<th>Age</th>
<th>Residence Zip</th>
<th>Local Client ID #</th>
<th>Ethnicity (one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Hispanic</td>
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<td></td>
<td></td>
<td></td>
<td>Non-Hispanic</td>
</tr>
</tbody>
</table>

**Risk (all that apply)**

- sex with male
- sex with female
- used injecting drugs
- sex for drugs/money

**Race (all that apply)**

- White
- Black
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Island
- Other
- Unknown

**Risk (all that apply)**

- sex w/injection drug user
- sex w/maan who had sex with a man
- sex w/person with HIV/AIDS
- sex w/person w/other HIV/AIDS risk

**Race (all that apply)**

- White
- Black
- Asian
- Native Hawaiian/Pacific Island
- American Indian/Alaskan Native
- Other
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**Risk (all that apply)**

- sex with male
- sex with female
- used injecting drugs
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**Race (all that apply)**

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## 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)**

- Currently Married
- Formerly Married (# of times: ______ - only count exposed spouses)
- Never Married

**Note:** Every spouse who has been exposed to HIV should be accounted for in the Disposition Information section below in column "Spouse".

**Persons Identified:**

- Sex
- Needle Sharing
- Both Sex & Needle

**Identified Persons at Risk (P@R):**

- # for Public Health referral:
- # for client referral:
- # for Public Health referral:
- # for client referral:
- # for Public Health referral:
- # for client referral:

## Disposition Information

**Persons to be notified by Public Health:**

<table>
<thead>
<tr>
<th>Partner</th>
<th>P@R</th>
<th>Age</th>
<th>Race</th>
<th>Sex</th>
<th>Disposition (See Back)</th>
<th>Scanform or ID #</th>
<th>Invest. Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Y N</td>
<td>S N B</td>
<td>Y N</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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**Persons to be notified by HIV-infected client:**

<table>
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<tr>
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<th>P@R</th>
<th>Age</th>
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