

Submit Form to HIV Integration Staff

- VTB
- WC
- GV (TCB)
- VCCW
- PVW
- NRR

VISTA COMMUNITY CLINIC HIV INTEGRATION FORM

Visit Date (mm/dd/yy)			
PATIENT INFORMATION	Ethnicity: (mark only one ☑) <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Non-Hispanic/Non Latino(a) <input type="checkbox"/> Unknown		Age _____
	Race: (mark ☑ for all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than One Race <input type="checkbox"/> Unknown		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
TEST HISTORY	Have you been tested for HIV/AIDS before today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know if I have tested before today <input type="checkbox"/> I prefer not to answer		
	If yes, what was the last test result you received? <input type="checkbox"/> Negative (No HIV infection) <input type="checkbox"/> Positive (HIV infection found) <input type="checkbox"/> Reactive (Positive screening but not confirmed) <input type="checkbox"/> Other result (Inconclusive, discordant, or invalid) <input type="checkbox"/> I do not know my last test result <input type="checkbox"/> I have never received a test result <input type="checkbox"/> I prefer not to answer		

IF DECLINING TEST, SKIP TO DECLINED HIV TEST SECTION BELOW

RAPID/STANDARD HIV TEST INFORMATION	<input type="checkbox"/> RAPID HIV TEST	Staff Initials (print) _____	<input type="checkbox"/> STANDARD HIV TEST	Staff Initials (print) _____
	<input type="checkbox"/> Received Rapid HIV Test Result <input type="checkbox"/> Did not receive Rapid HIV Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Reactive <input type="checkbox"/> Invalid → Retest /Declined		<input type="checkbox"/> Returned for Standard HIV Test Result <input type="checkbox"/> Did not return for Standard HIV Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Positive Standard HIV Test referred for care/treatment <input type="checkbox"/> Indeterminate	
	Staff Initials if other staff finish testing _____			
COMPLETE CONFIRMATORY TEST SECTION BELOW ONLY IF RAPID HIV TEST RESULT IS PRELIMINARY POSITIVE				
CONFIRMATORY HIV TEST INFORMATION	<input type="checkbox"/> CONFIRMATORY HIV TEST			Staff Initials (print) _____
	<input type="checkbox"/> Positive Confirmatory Test <input type="checkbox"/> Confirmed Positive Test referred for care/treatment <input type="checkbox"/> Negative <input type="checkbox"/> Invalid			
	Confirmatory Test Result Given to Patient <input type="checkbox"/> Yes <input type="checkbox"/> No		Date (mm/dd/yy) _____	Staff Initials (print) _____

PATIENT DECLINED HIV TEST	<input type="checkbox"/> DECLINED HIV TEST			Staff Initials (print) _____
	Reason Declined HIV Test <input type="checkbox"/> Do not want an HIV Test <input type="checkbox"/> Do not want a finger stick <input type="checkbox"/> Recently took HIV Test <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Do not believe at risk for HIV <input type="checkbox"/> Unknown			

FOR HPC STAFF ONLY:

Data entry initials:			
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Patient Label