

COUNSELING ASSESSMENT FOR HIV, STI AND HEPATITIS C TESTING

North Dakota Department of Health
Division of Sexually Transmitted and Bloodborne Diseases
SFN 58941 (Rev. 08/2021)

This form should be used as a guide by the counselor when testing clients for HIV and/or hepatitis C. Client and counselor should review risk assessment document together to assess testing and risk-reduction needs.

Client Information

Last Name	First Name	Date of Birth
Address	Occupation	Phone Number

Pre-Test Counseling Assessment

Explanation of Testing

- ☐ Discuss confidentiality issues.
- ☐ Explain what a negative test result means.
- ☐ Explain what a positive test result means.
- ☐ Review risk assessment form and discuss testing recommendation(s).
- ☐ Informed consent for testing signed and dated.

Testing Device or Specimen Source

<input type="checkbox"/> Venipuncture Site _____ <input type="checkbox"/> OraQuick® Rapid HCV _____ <input type="checkbox"/> Chembio SURE CHECK® Rapid HIV _____ <input type="checkbox"/> Urine/Vaginal _____ <input type="checkbox"/> Pharyngeal _____ <input type="checkbox"/> Rectal _____	Safer Sex and Educational Materials Distributed <table border="0"> <tr> <td><input type="checkbox"/> Hepatitis C Brochure</td> <td><input type="checkbox"/> Condom User Guide</td> </tr> <tr> <td><input type="checkbox"/> STI Facts Brochure</td> <td><input type="checkbox"/> Lubrication</td> </tr> <tr> <td><input type="checkbox"/> Oral Sex Brochure</td> <td><input type="checkbox"/> Condoms</td> </tr> <tr> <td><input type="checkbox"/> HIV Facts Brochure</td> <td><input type="checkbox"/> Female Condoms</td> </tr> <tr> <td><input type="checkbox"/> HIV/AIDS Transmission</td> <td><input type="checkbox"/> Safer Sex Kit</td> </tr> <tr> <td><input type="checkbox"/> Dental Dam</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Hepatitis C Brochure	<input type="checkbox"/> Condom User Guide	<input type="checkbox"/> STI Facts Brochure	<input type="checkbox"/> Lubrication	<input type="checkbox"/> Oral Sex Brochure	<input type="checkbox"/> Condoms	<input type="checkbox"/> HIV Facts Brochure	<input type="checkbox"/> Female Condoms	<input type="checkbox"/> HIV/AIDS Transmission	<input type="checkbox"/> Safer Sex Kit	<input type="checkbox"/> Dental Dam	<input type="checkbox"/> Other
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<input type="checkbox"/> Dental Dam	<input type="checkbox"/> Other												

Risk Reduction Plan

<input type="checkbox"/> Assess and discuss risk factors for HIV/HCV infection. <input type="checkbox"/> Assess client's intention to modify risky behaviors. <input type="checkbox"/> Explain purpose of a risk reduction plan. <input type="checkbox"/> Confirm with client plan is realistic and feasible. <input type="checkbox"/> Identify and discuss previous prevention failures. <input type="checkbox"/> Discuss barriers to safer behavior. <input type="checkbox"/> Reinforce and support positive prevention choices. <input type="checkbox"/> Safer goal behaviors and action plan given to client.	<input type="checkbox"/> Monogamous Relationship <input type="checkbox"/> Limiting Sexual Partners <input type="checkbox"/> Consistent Usage of Condoms <input type="checkbox"/> Avoid Sharing Needles/Drug Paraphernalia <input type="checkbox"/> Cleaning of Injection Supplies with Bleach <input type="checkbox"/> Demonstration of Condom Usage <input type="checkbox"/> Use of Condoms/Dental Dams for Oral Sex <input type="checkbox"/> Condoms Offered <input type="checkbox"/> Avoid drugs and alcohol (HCV – Support Liver Health)
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Test Result

HIV Rapid Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Not Tested	Date:
HCV Rapid Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Not Tested	Date:
STI Test Results Chlamydia <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Not Tested Gonorrhea <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Not Tested Syphilis <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Not Tested	Date:
Copy of test results given to client? <input type="checkbox"/> Yes Date Given _____ <input type="checkbox"/> No Why? _____	

Note: If the rapid test is reactive, please submit a confirmatory test to the North Dakota Department of Health (NDDoH) Division of Laboratory Services. Please contact NDDoH with rapid positive result immediately.

Negative Test Results

<input type="checkbox"/> Explain the validity of a negative result. <input type="checkbox"/> Recommendation to re-test in 1 year, depending on risk. <input type="checkbox"/> Address any questions related to the test. <input type="checkbox"/> Review assessment of risk factors from pre-counseling.	<input type="checkbox"/> Review strategies for risk reduction. <input type="checkbox"/> Review resources for support, treatment, & counseling. <input type="checkbox"/> Provide referrals if necessary.
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HIV and/or HCV Confirmation Test

<input type="checkbox"/> Venipuncture, Date Collected _____ <input type="checkbox"/> Scheduled return for results _____ <input type="checkbox"/> Notified the Division of Sexually Transmitted and Bloodborne Diseases of Positive Rapid Results, Date _____
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Positive Test Results

<input type="checkbox"/> Assess client's readiness to receive results. <input type="checkbox"/> Explain the meaning and validity of a positive test. <input type="checkbox"/> Address any questions related to test results. <input type="checkbox"/> Client to notify sexual/drug contacts. <input type="checkbox"/> Review risk reduction plan. <input type="checkbox"/> Notified the Division of Sexually Transmitted and Bloodborne Diseases of Positive Confirmatory Results, Date _____	Provide appropriate referrals: <input type="checkbox"/> Medical evaluation <input type="checkbox"/> TB Testing <input type="checkbox"/> STI Testing <input type="checkbox"/> Hepatitis Testing/Vaccination <input type="checkbox"/> Mental Health <input type="checkbox"/> Ryan White Program
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Counselor's Signature

<div style="border-top: 1px solid black; margin-top: 5px; width: 80%; margin: 0 auto;"></div> <p align="center">Name</p>	<div style="border-top: 1px solid black; margin-top: 5px; width: 80%; margin: 0 auto;"></div> <p align="center">Date</p>
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