**Client Information**

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| First Name | Last Name | | | | | Birth Date | | |
| Street Address | | **City** | | | **County** | | **State** | Zip Code |
| Phone Number: | | | Country of Birth: 🞎 USA 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Ethnicity: 🞎 Hispanic or Latino 🞎 Non- Hispanic or Latino | | | | | | | | |
| Race: 🞎 American Indian 🞎 Asian 🞎 Black/African American 🞎 Native Hawaiian 🞎 White | | | | | | | | |
| Current Gender Identity: 🞎 Male 🞎 Female 🞎 Transgender Female 🞎 Transgender Male  🞎 Another Gender 🞎 Refused | | | | | | | | |
| Assigned Sex at Birth: 🞎 Male 🞎 Female | | | | If Female: Could you be pregnant? 🞎 Yes 🞎 No | | | | |

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| Please read the following information about testing. Check the tests that you would like to have performed during your visit.   * **HIV 1/2 Antibody**   The rapid HIV 1/2 antibody test is a screening test that involves a fingerstick. Positive rapid results need to be confirmed by a blood draw.   * **Hepatitis C Antibody**   The rapid hepatitis C test is a screening test that involves a fingerstick.  Positive rapid results need to be confirmed by a blood draw.   * **Sexually Transmitted Infections: Chlamydia and Gonorrhea**   This is a urine test that checks for the presence of both chlamydia (CT) and gonorrhea (GC). This is a confirmatory test, therefore positive CT and/or GC tests indicate the presence of the infection.   * **Sexually Transmitted Infection: Syphilis**   This is either a blood or rapid test. The rapid syphilis test involves a fingerstick. Positive rapid results need to be confirmed by a blood draw. Blood tests are confirmatory tests and will indicate the presence of the infection. |

**By signing below I indicate:**

1. I have read the information above and understand its content.
2. I understand that I may ask questions at any time regarding the tests above.
3. I hereby give my consent to be tested for the conditions (s) listed above that I have checked.

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| **Printed Name** | **Date** |
| **Signature** | |

**Please complete this risk history by indicating which activities/behaviors you do or have done in the past that might place you at risk for HIV, STIs and/or Hepatitis C.**

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| **Previous Testing History** | | | | |
| 1. Have you ever been tested for HIV?  🞎 No 🞎 Unknown 🞎 Yes **If yes**: Date Tested: \_\_\_\_\_\_\_\_\_\_\_ **Result**: Positive/Negative/Unknown | | | | |
| 2. Have you ever been tested for Hepatitis C? 🞎 No 🞎 Unknown 🞎 Yes  **If yes**: Date Tested: \_\_\_\_\_\_\_\_\_  **Result**: Hep C Antibody Positive, Hep C RNA Positive, Positive, Negative, Unknown | | | | |
| **Sex Partners and Behaviors in your Lifetime** | | | | |
| 1. In my lifetime, I have had sex with (Check All That Apply): 🞎 Males 🞎 Females 🞎 Transgender Individuals | | | | |
| 1. In the last five years, I have had sex with (Check All That Apply): 🞎 Males 🞎 Females 🞎 Transgender Individuals | | | | |
| 1. Have you ever injected drugs that were not prescribed by a doctor? 🞎 No 🞎 Yes | | | | |
| 1. In the past five years, have you ever injected drugs not prescribed by a doctor? 🞎 No 🞎 Yes | | | | |
| 1. Have you ever shared equipment or supplies while injecting drugs? 🞎 No 🞎 Yes | | | | |
| **Sex Partners and Behaviors in the Last 12 Months** | | | | |
| 1. My current sex partners are (Check All That Apply): 🞎 Males 🞎 Females 🞎 Transgender Individuals | | | | |
| 1. How many people have you had sex with in the **past 60 days**? 🞎 0 🞎 1 – 2 🞎 3 - 5 🞎 >5 | | | | |
| 1. How often do you use **condoms**/other protection? 🞎 Always 🞎 Most of the Time 🞎 Not Often 🞎 Never | | | | |
| 1. What type of sex have you had in the past 60 days? (Check All That Apply) | | | | |
| 🞎 Vaginal Sex | 🞎 Oral Sex  🞎 Anal Sex | 🞎 Oral Sex – Perform  🞎 Anal Sex – Top | 🞎 Oral Sex - Receive  🞎 Anal Sex - Bottom | |
| 5. Has the client used drugs in the past 12 months? 🞎 Yes 🞎 No 🞎 Unknown | | | | |
| If Yes: Methods of Drug Use (Check All That Apply): 🞎 Inject 🞎 Smoke 🞎 Snort 🞎 Ingest 🞎 Unknown | | | | |
| 6. Has the client had anonymous sex partners? (ex. used dating apps or met at bar) 🞎 Yes 🞎 No 🞎 Unknown | | | | |
| **Additional Risk Factors** | | | | |
| **What activities/behaviors do you do or have done in the past that might place you at risk for HIV, STIs and/or Hepatitis C? (Check all that apply.)**  🞎 Were or had sex partner infected with STI 🞎 Family member in household has HCV  🞎 Tattooing: non-sterile settings (i.e. home/ jail) 🞎 Had sex under influence of drugs or alcohol  🞎 Had sex in exchange for money/drugs/food/etc. 🞎 Received body piercing in non-sterile setting | | | | |
| **HIV PrEP Awareness and Referrals** | | | |  | |
| 1. Have you ever heard of HIV PrEP? | | | | 🞎 No 🞎 Yes | |
| 2. Have you ever used HIV PrEP anytime in the previous 12 months?  A. Are you currently taking HIV PrEP? | | | | 🞎 No 🞎 Yes  🞎 No 🞎 Yes | |
| **FOR COUNSELOR**: 3. Was the client eligible and referred to PrEP provider? | | | | 🞎 No 🞎 Yes | |