SAMHSA MAI Rapid HIV Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		Provid	ler ID:			
Date of visit		Site ID):			
Site Type #:	Site code #			(Bar code)		
(see site code on back	oack			(Dai code)		
page) RAPID TEST KIT LOT N	IIMDED:		_			
SECTION B: DEMOGRAP 1. Gender	பட ்ട 3. Ethn	icity		5. Previous HIV Test		
□ Male	☐ Hispa			□ No		
☐ Female		□ Non-Hispanic		☐ Yes		
☐ Transgender				Result was negative		
2. Age		4. Race (Check all that apply)		☐ Result was positive		
☐ <18 years ☐ 18-24 yrs	☐ Black	☐ Black/African American		☐ Result was inconclusive☐ Result was unknown		
□ 25-34 yrs		e Hawaiian/Other Pacific	Islander	- Result was unknown		
☐ 35-44 yrs	□ Alask	a Native				
□ 45-54 yrs	☐ White					
□ 55-64 yrs	☐ Amer	ican Indian				
☐ 65+ yrs SECTION C: REASON FO	R TEST					
SECTION D: WHAT BEHA		ICACE IN THAT DUT VO	III AT DICKA	(Check all that apply)		
1. During the past 30 days		IGAGE IN THAT POT TO	O AT KISK!	Check an that appry)		
☐ had unprotected sex with☐ had unprotected sex with☐	male	☐ Had unprotected sex drugs/alcohol	while high on	☐ exchanged sex for drugs/money/shelter		
□ had unprotected sex with		☐ had unprotected sex	with person	☐ had unprotected sex with a man who has sex		
individual .	· ·	who injects drugs	•	with men .		
had unprotected sex with						
in monogamous relationship had unprotected sex with		☐ had unprotected sex	with UIV	☐ Been diagnosed with sexually transmitted		
I had unprotected sex with	multiple partilers	positive person	WILLI FILV	disease (syphilis, chlamydia, gonorrhea, herpes)		
2. During the past 30 days	have you used:	P P				
☐ cocaine (crack)	•	☐ 5 or more alcoholic di	rinks in 1	$\ \square$ shared injection equipment (i.e. needle and drug		
marijuana	sitting (for			paraphernalia)		
☐ methamphetamine☐ heroin		■ 4 or more alcoholic di setting (for women	rinks in 1			
□ ecstasy		setting (for Wollien				
☐ non-medical use prescrip	ition drugs					
3. Have you						
ever been in alcohol or d			ious psycholog	gical distress (e.g., major depression, anxiety		
past 12 month	been in alcohol or drug treatment during the disorder)					
4. The client : □ reports no	o known risk factors					
·						
Section E: Rapid HIV Tes	ting					
1. Rapid test results		2. Did client receive re	sults of rapid	I test?		
☐ Negative/Non-reactive		☐ Yes	· · · · · · · · · · · · · · · · · · ·			
☐ Positive/Reactive ☐ No, reason						
☐ Invalid (Repeat test using a new test kit.)						
Retest Negative/ Positive/ Invalid/ Result: Non-reactive Reactive indeterminate Rapid test kit lot number (client retested):						
Section F: TYPE OF SERV						
☐ HIV Pre-Test/Prevention		IV Post-Test Counseling		o care/treatment after positive confirmatory testing		
Linked to prevention/ancillary services if negative test result Section G: Confirmatory Testing (if rapid test result is positive/reactive)						
		st result is positive/reac	=			
1. Confirmatory test conducted 3. Confirmatory test results						
Yes Client new wents a	confirmatory toot -ft	or initial refusal	☐ Negat			
☐ Yes: Client now wants a☐ No, reason	communatory test and	ei illiudi lelusal.	☐ Positiv	ve ☐ Results pending		
2. Type of confirmatory to	est		4. Did c	lient receive results of confirmatory test?		
☐ Blood (plasma, serum, or			☐ Yes	•		
☐ Oral ☐ Urine	1 7		☐ No, re	ason		

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SECTION A: SITE CHARACTER	RISTICS		Provider ID:		
Date of visit	L		Site ID:		SA CLIENT ID:
Site Type #:	Site code #_			(Bar co	
(see site code on back page)	☐ Other (spe	ecify)		(Bai oc	40)
RAPID TEST KIT LOT NUMB	ER:				
SECTION B: DEMOGRAPHICS					
1. Gender	3. Ethn	_		5. Previous HIV	Test
☐ Male	☐ Hispa			□ No	
☐ Female ☐ Transgender	☐ Non-F	HISPANIC		☐ Yes ☐ Transgend	dor.
2. Age	4. Race (Check all that apply)			2. Age	161
☐ <18 years	☐ Black/African American			☐ <18 years	
☐ 18-24 yrs	Asian			☐ 18-24 yrs	
□ 25-34 yrs		Hawaiian/Other	Pacific Islander		
☐ 35-44 yrs ☐ 45-54 yrs	☐ Alask				
☐ 43-34 yrs		can Indian			
☐ 65+ yrs	_ /	odii iiididii			
SECTION C: REASON FOR TES	ST:				
SECTION D: WHAT BEHAVIOR		GAGE IN THAT	PUT YOU AT RISK? (Check all that apply)	
1. During the past 30 days have					
☐ had unprotected sex with male			ted sex while high on	exchanged sex for	drugs/money/shelter
□ had unprotected sex with fema□ had unprotected sex with trans		drugs/alcohol	ted sex with person	□ had unprotected se	ex with a man who has sex
☐ had unprotected sex with trans		who injects drug		with men	ex with a man who has sex
in monogamous relationship					
☐ had unprotected sex with multip	ple partners	☐ had unprotect	ted sex with HIV	☐ Been diagnosed w	ith sexually transmitted
		positive person			amydia, gonorrhea, herpes)
2. During the past 30 days have	you used:				
cocaine (crack)			coholic drinks in 1 sittir		on equipment (i.e. needle
marijuana		(for men)	laabalia duinka in 1 aatti	and drug paraph	ernalia)
□ methamphetamine□ heroin		(for women	coholic drinks in 1 setti	ng	
□ ecstasy		(101 Wolliell			
non-medical use prescription d	rugs				
3. Have you					
□ ever been in alcohol or drug treatment □ ever experienced serious psychological distress (e.g., major					ıl distress (e.g., major
☐ been in alcohol or drug treatment during the past 12 month depression, anxiety disorder)					
4. The client : ☐ reports no know	wn risk factors				
Section E: Rapid HIV Testing					
1. Rapid test results		2 Did client r	eceive results of rapi	d test?	
☐ Negative/Non-reactive		☐ Yes	cocire results of rupi	u 1031.	
☐ Positive/Reactive		☐ No, reason			
☐ Invalid (Repeat test using a nev					
	☐ Negative/ Non-reactive	☐ Invalid/ indeterminate	Rapid test kit lot numb	er (client retested):	
Section F: TYPE OF SERVICES			nply)		
☐ HIV Pre-Test/Prevention		ost-Test Counsel	ling 🔲 Linked to car	re/treatment after positiv	
Counseling				evention/ancillary service	es if negative test result
Section G: Confirmatory Testin		st result is positi	-		
1. Confirmatory test conducted	i			tory test results	mata
☐ Yes ☐ Yes: Client now wants a confirmatory test after initial refusal.		NegativePositive	☐ Indetermi ☐ Results p		
☐ No, reason	matory test all	or iriniai reiusai.	- FOSILIVE	□ resuits þ	renaing
2. Type of confirmatory test 4. Did client receive results of confirmatory test?				firmatory test?	
☐ Blood (plasma, serum, or blood	d spot)		☐ Yes		
☐ Oral ☐ Urine			☐ No, reasor	1	

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Date of visit			Site ID:			
Site Type #: (see site code on back page)	Site code #		 	(Bar code)		
RAPID TEST KIT LOT NUME	BER:					
SECTION B: DEMOGRAPH	ICS					
1. Gender	3. Ethn			5. Previous HIV Test		
☐ Male	☐ Hispanic☐ Non-Hispanic			□ No		
☐ Female	☐ Non-I	нispanic		☐ Yes		
☐ Transgender 2. Age	4 Race	(Check all that	annly)	☐ Result was negative☐ Result was positive		
☐ <18 years	4. Race (Check all that a Black/African American			Result was inconclusive		
☐ 18-24 yrs	☐ Asian			Result was unknown		
□ 25-34 yrs		e Hawaiian/Other	Pacific Islander			
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☐ 65+ yrs	□ Amer	ican mulan				
SECTION C: REASON FOR TE	ST.					
SECTION D: WHAT BEHAVIOR		IGAGE IN THAT	PUT YOU AT RISK?	(Check all that apply)		
1. During the past 30 days hav				(encon an anatoppi)		
☐ had unprotected sex with male	9		cted sex while high on	exchanged sex for drugs/money/shelter		
had unprotected sex with fema		drugs/alcohol				
□ had unprotected sex with trans			ted sex with person	☐ had unprotected sex with a man who has sex		
had unprotected sex with signing in monogamous relationship	ilicani otner	who injects drug	js	with men		
☐ had unprotected sex with mult	iple partners	☐ had unproted	ted sex with HIV	☐ Been diagnosed with sexually transmitted		
		positive person		disease (syphilis, chlamydia, gonorrhea, herpes		
2. During the past 30 days have	e you used:					
☐ cocaine (crack)		☐ 5 or more alc	oholic drinks in 1	☐ shared injection equipment (i.e. needle and drug		
☐ marijuana		sitting (for men)		paraphernalia)		
☐ methamphetamine			oholic drinks in 1			
☐ heroin☐ ecstasy		setting (for wor	nen)			
non-medical use prescription of	druas					
3. Have you	· · · · · · · · · · · · · · · ·					
ever been in alcohol or drug tr	eatment	□ ever experier	nced serious psycholo	gical distress (e.g., major depression, anxiety		
□ been in alcohol or drug treatm		disorder)	50646 poj 66.6	great the tree (erg., major tree tree, at most)		
past 12 month						
4. The client: ☐ reports no know	wn risk factors					
Section E: Rapid HIV Testing						
1. Rapid test results			ceive results of rapi	d test?		
☐ Negative/Non-reactive☐ Positive/Reactive		☐ Yes				
	ow toot kit)	□ No, reason _				
☐ Invalid (Repeat test using a ne	ew test kit.)					
Retest 🔲 Negative/ 🖵 P		Invalid/	omiel to et leit let musele e	su (alient reteated).		
Result: Non-reactive Rea	active ind	eterminate E	apid test kit lot numbe	er (client retested):		
Section F: TYPE OF SERVICES	S PROVIDED	(Check all that a	pply)			
☐ HIV Pre-Test/Prevention	☐ HIV F	ost-Test Counse	ling 🔲 Linked to c	are/treatment after positive confirmatory testing		
Counseling				revention/ancillary services if negative test result		
Section G: Confirmatory Testi	ng (if rapid te	st result is posit	ive/reactive)			
1. Confirmatory test conducte				atory test results		
☐ Yes			Negative	☐ Indeterminate		
☐ Yes: Client now wants a confi			Positive	Results pending		
□ No, reason						
2. Type of confirmatory test				nt receive results of confirmatory test?		
☐ Blood (plasma, serum, or bloo	d spot)		☐ Yes			
☐ Oral			☐ No, reaso	on		

Pink: Keep for your records

☐ Urine

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Codes for Site Types

S01	Inpatient Facility	S16	Community Setting-AIDS Service Organization-non-clinical
S02	Inpatient Hospital	S17	Community Setting-Community Center
S03	Inpatient-Drug/Alcohol Treatment	S18	Community Setting-Shelter/Transitional housing
S04	Inpatient Facility-Other	S19	Community Setting-School/Education Facility
S05	Outpatient-Drug/Alcohol Treatment Clinic	S20	Community Setting-Residential
S06	Outpatient-HIV Specialty Clinic	S21	Community Setting-Public Area
S07	Outpatient-Community Mental Health	S22	Community Setting-Workplace
S08	Outpatient-Community Health Clinic	S23	Community Setting-Commercial
S09	Outpatient-TB Clinic	S24	Community Setting-Other
S10	Outpatient-School/University Clinic	S25	Community Setting-Bar/Club/Adult Entertainment
S11	Outpatient-Prenatal/OBGYN Clinic	S26	Community Setting-Church/Mosque/Synagogue/Temple
S12	Outpatient-Family Planning	S27	Correctional Facility
S13	Outpatient-Private Medical Practice	S28	Blood Bank, Plasma Center
S14	Outpatient-Health Department/Public Health Clinic		
S15	Outpatient-Health Department/Public Health		
	Clinic-HIV		