

Place Barcode Sticker Here

HIV Counseling, Testing and Referral Form PART 2



Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

΄,	CDC requires the following information on confirmed positives
	Was client referred to medical care? L Yes If yes, did client attend the first yes appointment? No No Don't know Client already in care Client declined care
Referrals	Was client referred to HIV Prevention services? Yes No Was client referred to PCRS? Yes No Yes
	If female, is client pregnant? Yes
	Local Use Fields L3
C3 C4 C5	CDC Use Fields Notes (Print Only) C6 C7 C8 C8

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.