Initial Session: Session Documentation Form (Required)

Client ID Number: _____
Session ID Number: _____
Site Number: _____
Risk Reduction Specialist ID Number: _____
Session Date: _____

Client Information
State: _____ County: _____ Zip Code: _____
Date of Birth: _____/_____/_____
Sex: ☐ Male ☐ Female Transgender: ☐ MTF ☐ FTM
UTC:

place sticker here

If Confidential Test:
Address: _____
Phone Number: _____
Best way to contact: _____

Race: ☐ White
☐ Black
☐ Asian
☐ PI/Hawaiian Native
☐ AI/NA/AK
☐ Other/Multiracial
☐ Unknown

Ethnicity: Hispanic
☐ Yes ☐ No

Testing Today: ☐ Yes ☐ No
If not testing, why? _____
_____
HIV ☐ Anon ☐ Conf
☐ HCV
☐ Syphilis
☐ Gonorrhea
☐ Chlamydia
Other: _____

Referral to:	Date Made	Date Confirmed
STD:	____/____	____/____
Drug Trmt:	____/____	____/____
Family Plnng:	____/____	____/____
Prenatal/OB:	____/____	____/____
TB:	____/____	____/____
CHC/PHC:	____/____	____/____
Mental Health:	____/____	____/____
HIV/Prev:	____/____	____/____
CRCS/PCM:	____/____	____/____
Alcohol Trmt:	____/____	____/____
Immunization:	____/____	____/____
Med. Ev. (HCV):	____/____	____/____
HIV Services (HIV+):	____/____	____/____
EBI:	____/____	____/____
EBI Name: _____		
Other:	____/____	____/____

No Referrals Indicated ☐
Follow-Up Method: _____
_____
_____
_____

Reason for Visit: _____
Previously HIV Tested: ☐ Yes ☐ No Date of Last Test: _____/_____/_____ Result of Last Test: _____

Client perception of risk:

Summary of risks and risk patterns/triggers:

Number of sex partners in last year: _____ Male _____ Female Number of Needle Sharing Partners: _____
Last possible exposure/risk behavior(s) and date:

Past attempts at risk reduction and current client support, including services:

Client Risk

- ☐ Sex with Male A V O U
- ☐ Sex with Female A V O U
- ☐ Injection Drug Use
- ☐ IDU/Sharing Equipment
- ☐ Uses Drugs with Sex
  - ☐ Heroin/Opiates
  - ☐ Cocaine
  - ☐ Alcohol
  - ☐ Marijuana/Pot
  - ☐ Inhalants
  - ☐ Designer Drugs
  - ☐ Amphetamine/Speed/Crystal
  - ☐ Unspecified
  - ☐ Other

Other Exposure for HIV and HCV

- ☐ Occupational Exposure
- ☐ Other Needle Exposure
- ☐ Blood Transfusion/Transplant
- ☐ Other Blood Exposure
- ☐ Shared Straw to Snort Drugs
- ☐ Body Piercing/Tattoo-Unsanitary Conditions
- ☐ Blood Transfusion before July 1992
- ☐ Blood Clotting Factors before 1987
- ☐ Received Hemodialysis (kidney dialysis)
- ☐ About 50 or More Lifetime Partners
- ☐ Have Sex or Needle Sharing Partners with HIV
- ☐ Have Sex or Needle Sharing Partners with HCV

Risk of Partner(s)

- ☐ Have Sex or Needle Sharing Partners at risk for HIV:
  - ☐ Have HIV+ Partners
  - ☐ Have Male-male Sex Partners
  - ☐ Partners have Multiple Partners
  - ☐ Have IDU/Sharing Equipment Partners
  - ☐ Other Partner Risk

Other Factors

- ☐ Sold Sex for Drugs or Money
- ☐ Paid for Sex with Drugs or Money
- ☐ Homeless
- ☐ Migrant
- ☐ Client Forced to Have Sex
- ☐ Incarcerated
- ☐ Client has History of STDs
- ☐ Multiple Sex or Needle Sharing Partners