HIV/STD PUBLIC HEALTH ORDER TRACKING FORM

Name of database management system:

Database unique identifier:

Date public health order investigation initiated:

Use the Texas database management system to document demographics and the public health follow-up investigation.
Upload this form and attach to the investigation.

Referring Source (Check box)	Source Name:	
☐ Provider	Address (Street):	
☐ Public Health Follow-Up	City:	
☐ Surveillance	State:	Zip Code:
	Phone: Work:	Home:

Trigger Characteristics (Check all that apply and provide details in the next section)

- ☐ Not currently engaged in HIV medical care
- ☐ Has not received adequate medical treatment
- ☐ Named as contact in multiple PHFU investigations
- ☐ Knowingly exposed others to a reportable STI or HIV
- ☐ Current pregnancy or was pregnant in last 12 months - Number of weeks:

Comments:

Public Health Order Assessment

Activities Completed by Public Health Follow Up

Provide a summary of public health follow up activities (field visits, phone calls, interview attempts, etc.):

Were appointments made? ☐ Yes ☐ No

If so, provide details such as dates and if appointments were kept:

Positive Test Result Counseling Provided

☐ Yes Date counseling was provided: Provider:

☐ No

PHFU Investigation Review (pre-Public Health Order)

Provide an overview. Include reasoning and justification for action to be taken.

Review Conducted by (name, title):

Action to be Taken:

☐ Continue to monitor investigation **-or-** ☐ Request to issue a Public Health Order

Action Items and Responsible Party

Based on review outcome from previous section, provide a list of next steps. Specify deadlines, timeframes, and who is responsible for their completion for each item.

Action Item	Responsible Party	Due Date	Status

Public Health Order Outcome

Public Health Order Case Review

Event ID:

Date of Review:

Comments:

Public Health Order

Date delivered:

Method of delivery:

☐ Certified mail
Did client respond? ☐ Yes ☐ No

☐ In person

Outcome (check all that apply):

☐ Appointment made
Did client keep appt? ☐ Yes ☐ No

☐ Client refused

☐ Client signed acknowledgment

☐ Referral(s) provided

☐ Other:

PHFU Investigation Review (post-Public Health Order)

Provide an overview. Include reasoning and justification for action to be taken.

Review Conducted by (name, title):

Action to be Taken: ☐ Close investigation **-or-** ☐ Request to issue a court order

Court Order

Date request submitted: Date delivered: