# COLUSA COUNTY
# HIV / AIDS CONFIDENTIAL REPORT

Date _____ Name _____ DOB _____

Gender _____ Race _____ Med. Record # _____ Facility _____

Date first seen: _____ Date last seen: _____

Address _____ City/Zip _____

Phone _____ Country of Origin _____ SSN _____

Occupation _____ Marital Status _____

**LABORATORY TESTS**

| CD4 Count | % | Date | HIV Tests (type, result, date, Lab Test #) |
|---|---|---|---|
| _____ | ____ | _____ | _____ |
| _____ | ____ | _____ | _____ |
| _____ | ____ | _____ | Viral Load Date |
| _____ | ____ | _____ | _____ |

Medical History/Comments _____

_____

Medical Diagnosis _____

If Female: Pregnant? o Yes o No OB-GYN provider _____

Birthdate(s) of child(ren) born after 1977 _____

Hospital(s) of Birth(s) _____

**Probable Mode of Infection:**

o Homosexual/Bisexual history o IV Drug Use o Heterosexual contact o Blood Products

If only known mode of infection is heterosexual contact, what is partner's history?

o HIV Positive o Homosexual/Bisexual o IV Drug Use o Blood Products

| | | |
|---|---|---|
| Has patient been informed of HIV positive status? | o Yes | o No |
| Partner notification offered? | o Yes | o No |
| Referred for HIV Services? | o Yes | o No |
| Referred for Substance Abuse Treatment Services? | o Yes | o No |

**Provider's Name** _____ **Phone** _____ **Date** _____
(Print)

FOR COUNTY USE ONLY:
Soundex _____ County _____ State # _____ Date Report