



ANONYMOUS HIV TESTING INTAKE FORM

Requisition #: _____

FIRST NAME ONLY: _____

Your sex: Male Female Transsexual /Transgender

Your year of birth: _____

Have you ever had an HIV test before? Yes No

If yes, when was your last test? _____

What was the result of that test? _____
(negative, reactive, indeterminate)

When was the last time you had unprotected sex: oral vaginal anal sex other

Date: _____

Partner: regular number of different partners both

Risks:

<input type="checkbox"/> Sex with women	<input type="checkbox"/> Sex with men	<input type="checkbox"/> Needle use, injection drugs	<input type="checkbox"/> Has lived outside Canada	<input type="checkbox"/> Partner(s) has HIV
<input type="checkbox"/> Needle stick injury	<input type="checkbox"/> Partner of HIV positive person	<input type="checkbox"/> Partner of a person at risk of HIV	<input type="checkbox"/> Tattoos	<input type="checkbox"/> Blood transfusion before 1986
<input type="checkbox"/> Partner(s) is high risk (needle user, sex trade worker, multiple/anonymous partners)	<input type="checkbox"/> Partner(s) was from endemic country (high HIV rates such as Africa, Caribbean)	<input type="checkbox"/> Sexual assault or abuse	<input type="checkbox"/> Street drug use e.g., cocaine, heroin, crystal meth	<input type="checkbox"/> Other

Have you ever used needles or shared equipment to use street drugs or steroids? Yes No

If yes, when was the last time you shared needles, crack pipes, straws, or other equipment?

Have any of your sexual partners shared needles, crack pipes, straws, or other equipment?

Yes No Unknown

Do you have any tattoos or body piercings? Yes No

If yes, was a new, sterilized needle used? Yes No

Have you ever had an STI (sexually transmitted infection)? Yes No

→ If yes, type of STI:

- Chlamydia Genital Warts Gonorrhea Hepatitis A Hepatitis B
 Hepatitis C Herpes Syphilis Trichomoniasis

Have you had any recent vaccinations or had a recent viral illness?

Yes No

Has alcohol or drug use ever led you to taking unplanned sexual or needle sharing risks?

Yes No

How often do you use condoms/other STI protection?

All the time Most of the time Some times Never

Female clients only: Are you pregnant? Yes No

Are breastfeeding? Yes No

Support:

Waiting for an HIV test result can be stressful:

Have you thought about having a reactive HIV result?

Yes No

Do you have someone who can support you if you need it?

Yes No

Who?

Do you have a history of:

anxiety depression suicidal thoughts attempted suicide

Do you have any questions you would like to ask us?

HIV Pre-test Counselling Notes

Requisition: _____

Discuss Anonymous HIV test Yes No
95% of people seroconvert by 8 weeks
Accuracy rate of test is 99.9% out of window
ELISA may detect antibody within 3 weeks in 70-80% of people

Discuss window period – Outside window period? Yes No
Date advised to retest _____

Provide information re: HIV transmission Yes No

Symptoms Yes No
Diarrhea, Fever, Night Sweats, Yeast Infections, Rash, Weight loss, Other

Have you ever received a blood transfusion or blood products?
Before 1986? Yes No Date: _____ Country: _____

Inform of the legalities – Must disclose their HIV status to all current
& future sexual/ IDU sharing partners –Cuerrier & Williams Yes No

Discuss co-infection risk/mucosal immunity Yes No

Instruct of safer sex/IDU practices Yes No

Discuss how HIV has changed over the years;
more treatment options and longevity Yes No

Assess safety of client Yes No
Perception of risk in getting HIV

Discuss possible test results Yes No
Reactive, Negative, Indeterminate

Verbal consent to draw blood (POC or venipuncture): Yes No

Point of Care HIV Result:

Non-Reactive Non-Reactive (High risk with symptoms) Reactive Indeterminate

Post Test counselling done

For providing confirmatory test results only, please provide:

Contact information: Address: _____
Phone: _____

Notes: _____

PHN Signature _____

Date/Time _____
(yy/mm/dd)

Confirmatory Standard Retest

Verbal consent received to do Standard Venipuncture HIV test: Yes No
Blood drawn: Yes No
Outside window period? Yes No
Write "STAT" and "Window period" on requisition where applicable: Yes No
Provide card with requisition #: Yes No
Date Blood Drawn: _____
PHN Signature _____ Date/Time _____
(yy/mm/dd)

Results Visit # 2

Client picked up results: Yes No Date given _____
(yy/mm/dd)
Result: Negative Reviewed plan for lowering HIV risk in future Yes No
 Indeterminate
 Reactive
If Reactive:
Risk for suicide? Yes No
At risk for violence? Yes No
Will you feel comfortable discussing HIV-positive results with your Dr/Nurse? Yes No
Discuss partner notification, importance of informing past, current, drug partners, razor sharing
Who will be responsible for notifying partner/s?
 Client Cousellor and client together Public Health
Discuss disclosure to non-partners
 The implications of disclosing HIV status
 How to decide whom to tell
 Strategies for disclosing
Referral to HIV Specialist: _____
Aware of community resources/supports: _____
Notes: _____

PHN Signature _____ Date/Time _____
(yy/mm/dd)