status

Know in 60 Seconds. Live a Lifetime.

Positive Participant Education

Name:	Initial:	DOB:
(First & Last Name)	Minnie Ann Mouse = Minnie, MAM	(DD/MM/YY)

Gender: M ☐ F ☐ T ☐

Discuss Current Healthcare Situation Y ☐ N ☐
(Doctor, regular checkup, taking ARV's, do they want a follow up Nurse apt)

HIV Transmission Education: Y ☐ N ☐

Connection to Services available in Area Y ☐ N ☐
(bus pass, extra medical care, alternative healthcare)

Follow up appointment with nurse requested Y ☐ N ☐

Contact Information:

Notes/Comments:

Educator: _____
(Print Name)

_____
(Signature)

_____
(Date)

Participant: _____
(Print Name)

_____
(Signature)

_____
(Date)