CLIENT REFERRAL FORM FOR PARTNER SERVICES

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH STD CONTROL PROGRAM

ATTN:_____ DATE:_____

AGENCY/ORGANIZATION INFORMATION

REFERRAL SITE (NAME): _____

☐ DOC ☐ ETI ☐ EIS ☐ MCM ☐ OTL ☐ OTHER: _____

PERSON REFERRING (NAME & TITLE): _____

PHONE NUMBER: _____ E-MAIL: _____

REASON FOR REFERRAL

☐ Newly diagnosed HIV client, diagnosed within the last 12 months. **List A#:** _____

Client was infected more than 12 months ago and:

☐ Has a new reportable STD diagnosis, infected within the last 3 months.

☐ Unprotected sex within the last 3 months with multiple partners and/or anonymous partner(s) and/or new partner(s).

☐ Known partners are unaware of the client's status, client is having sex after HIV diagnosis.

☐ Client is requesting partner services for a new partner.

CLIENT INFORMATION (complete all of the information below)

NAME (LAST, FIRST): _____ DOB: _____

GENDER: ☐ M ☐ F ☐ MTF ☐ FTM ☐ Unk PRIMARY LANGUAGE: _____

MARITAL/RELATIONSHIP STATUS: ☐ S ☐ M ☐ Div ☐ Sep ☐ W ☐ Cohab ☐ Unk

ETHNICITY: ☐ Hispanic ☐ Not Hispanic

RACE (check all that apply): ☐ Am. Indian/Alaska Native ☐ Asian ☐ Black/African Am.
☐ Native Hawaiian/Other PI ☐ White ☐ Unk

STREET ADDRESS: _____

CITY/TOWN STATE ZIP CODE

PHONE NUMBERS (home/cell): _____ E-MAIL: _____

WEBSITES/PHONE APPS: _____

PHYSICAL DESCRIPTION: _____

GENDER OF SEX PARTNERS (check all that apply): ☐ M ☐ F ☐ MTF ☐ FTM ☐ Unk

RISK FACTORS: ☐ MSM ☐ IDU ☐ Exchanges sex for drugs or money
☐ Other: _____

DATE OF HIV DIAGNOSIS: _____ DATE OF LAST NEGATIVE HIV TEST: _____

HIV Medical Care Physician: _____ **Phone #**: _____

If DOC Referral, what is the earliest date this client may be released from custody? _____

If information on partners is available, complete page 2, Partner Referral form for Partner Services for each partner.

***Note:* Prior to sending any fax, please contact and speak directly to a Disease Intervention Specialist Supervisor - Region 1: Ava Nepaul (860) 509-8239 or Region 2: Wanda Richardson (203) 946-7233. Fax completed forms to Ava Nepaul at (860) 509-7275 or Wanda Richardson at (203) 946-2950.**

DO NOT E-MAIL THIS FORM.