



SPNS Program:

Project sub-site:

HRSA number (unique ID number):

Date: (MM/DD/YY)

 / /

Staff Person:

first letter of the first name
third letter of the first name
first letter of the last name
third letter of the last name
month of birth (2 digits)
day of birth (2 digits)
year of birth (2 digits)
gender code: 1=male, 2=female, 3=transgender, 6=client refused, 9=unknown

Contact location:

(30 characters maximum)

Contact: new
 renewed

Gender: male
 female

Perceived/Inferred reason
for being at-risk:

- MSM other drugs
 IDU multiple partners
 sexual partner IDU incarceration
 sex work homeless
 mental health other
 alcohol

Result of contact:

- accepted to talk
 outright refusal
 no time at moment
 situational refusal

Action taken:

Tested: yes
 no

Date (MM/DD/YY)

 / /

Appointment made for testing:

yes no

Appointment place:

Comments:

(100 characters maximum)

