

HRSA SPNS US/Mexico Border Health Initiative

Centro de Evaluacion: US/Mexico Border Health Evaluation Center
San Ysidro Health Center, CA - El Rio Community Health Center, Tucson, AZ - Camino de
Vida, Las Cruces, NM - La Fe Clinic, El Paso, TX - Valley AIDS Council, Harlingen, TX

CHANGE FORM



SPNS Program:

Three digit input boxes for SPNS Program

Staff Person:

Three digit input boxes for Staff Person

Project sub-site:

Three digit input boxes for Project sub-site

Date:

Date input boxes: MM / DD / YY

Current HRSA URN:

12 digit input boxes for Current HRSA URN

Change in URN (record **NEW** URN below)

12 digit input boxes for New URN

Reason for Closure (multi-site)

Client died

date of death

Date input boxes: MM / DD / YY

AIDS related

Other (specify)

Text input box for AIDS related or Other

Lost to follow up (indicate date of last contact)

Date input boxes: MM / DD / YY

Moved from service area

Date input boxes: MM / DD / YY

Voluntary withdrew from program services

Date input boxes: MM / DD / YY

Voluntary withdrew from SPNS evaluation component only

Date input boxes: MM / DD / YY

Program decision to not provide services

Text input box for Program decision

Date input boxes: MM / DD / YY

Other

Text input box for Other

Date input boxes: MM / DD / YY

Other Changes (local)

Client is Pregnant

Pregnancy Outcome:

Live Birth

Termination (specify)

abortion

spontaneous abortion

unknown

HIV exposed child is now HIV negative

Change in location where primary care is received

From (select one):

project sub-site (identify)

Three digit input boxes for From location

incarcerated

other

Text input box for other From location

To (select one):

project sub-site (identify)

Three digit input boxes for To location

incarceration

other

Text input box for other To location

Reason(s) for change:

Text input box for Reason(s) for change

Client changed physician:

date of transfer

Date input boxes: MM / DD / YY

From:

Dr.

12 digit input boxes for From physician

To:

Dr.

12 digit input boxes for To physician

Client Case Re-Opened

last closure date:

Date input boxes: MM / DD / YY

date re-opened:

Date input boxes: MM / DD / YY

