



# OUTREACH CONTACT 6

SPNS Program:

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Project sub-site:

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HRSA number (if known):

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Date: (MM/DD/YY)

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Staff Person:

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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:**

*(50 characters maximum)*

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**Contact**

- new  
 renewed

**Gender**

- male  
 female

**Perceived/Inferred reason for being at-risk:**

- |  |   |
|--|---|
| <input type="radio"/> MSM                | <input type="radio"/> other drugs       |
| <input type="radio"/> IDU                | <input type="radio"/> multiple partners |
| <input type="radio"/> sexual partner IDU | <input type="radio"/> incarceration     |
| <input type="radio"/> sex work           | <input type="radio"/> homeless          |
| <input type="radio"/> mental health      | <input type="radio"/> other             |
| <input type="radio"/> alcohol            |   |

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**Result of contact:**

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

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**Action taken:**

**Tested:**

- yes  no

**Appointment date: (MM/DD/YY)**

		/			/		
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**Appointment for testing made:**

- yes  no

**Appointment place:**

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**Comments about person:**

*(100 characters maximum)*

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