Acrobat Reader 4.x required! Click here or go to www.adobe.com to download.

HRSA SPNS US/Mexico Border Health Initiative

CAMINO de VIDA

OUTREACH DEMOGRAPHICS 6

SPNS Program: | | | |

Project sub-site: | | | |

HRSA number (unique ID number): | | | | | | | | | | | |

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

Date (MM/DD/YY): | | / | | | / | | |

Staff person: | | | |

Contact Location:

(50 characters maximum)

Contact ○ new ○ renewed

Gender ○ male ○ female

Perceived/Inferred reason for being at-risk:

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

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:

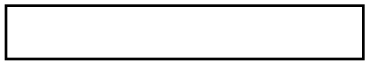
Comments about person: (50 characters maximum)

8887335664

Reset

Contact Location:

other risk:

refusal: 

Appointment place:

Comments: