



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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