



SPNS Program:

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Project sub-site:

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HRSA number (unique ID number):

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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:

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(50 characters maximum)

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 | <table border="1"><tr><td></td></tr></table> | |
| | | |

Result of contact:

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

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Action taken:

Tested:

- yes no

Date (MM/DD/YY):

		/			/		
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Appointment made for testing:

- yes no

Appointment place:

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Comments about person:

(100 characters maximum)

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