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 C

SPNS Program: ☐☐☐ **Staff Person:** ☐☐☐

Project sub-site: ☐☐☐ **Date:** ☐☐ / ☐☐ / ☐☐

Current HRSA URN: ☐☐☐☐☐☐☐☐☐☐☐☐

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

Reason for Closure (multi-site)

○ Client died *date of death* ☐☐ / ☐☐ / ☐☐ ○ *AIDS related* ○ *Other (specify)* ☐

○ Lost to follow up (indicate date of last contact) . . . . . ☐☐ / ☐☐ / ☐☐

○ Moved from service area . . . . . ☐☐ / ☐☐ / ☐☐

○ Voluntary withdrew from program services . . . . . ☐☐ / ☐☐ / ☐☐

○ Voluntary withdrew from SPNS evaluation component only . . . . . ☐☐ / ☐☐ / ☐☐

○ Program decision to not provide services ☐ ☐☐ / ☐☐ / ☐☐

○ Other ☐ ☐☐ / ☐☐ / ☐☐

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) ☐☐☐
- ○ incarcerated
- ○ other ☐

To *(select one)*:
- ○ project sub-site (identify) ☐☐☐
- ○ incarceration
- ○ other ☐

Reason(s) for change: ☐

○ Client changed physician:

date of transfer ☐☐ / ☐☐ / ☐☐

From: Dr. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

To: Dr. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

○ Client Case Re-Opened

last closure date: ☐☐ / ☐☐ / ☐☐ *date re-opened:* ☐☐ / ☐☐ / ☐☐

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