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HRSA SPNS US/Mexico Border Health Initiative

CAMINO de VIDA

OUTREACH CONTACTS 6

SPNS Program:

Project sub-site:

HRSA number (unique ID number):

Date: (MM/DD/YY) / /

Staff Person:

Contact location: (30 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:

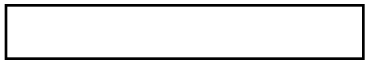
Comments: (100 characters maximum)

1598211007

Reset

Contact Location:

other risk

refusal 

Appointment place

Comments	