

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
STD/HIV PREVENTION SECTION

HIV-POSITIVE PARTNER NOTIFICATION RECORD

Directions: All HIV Prevention Sites (HPS), including satellite sites, and other health care providers, performing HIV-related tests shall notify the local health department in their jurisdiction of all HIV positive test results. It is the responsibility of the local health department to elicit contacts and to provide assistance in notifying all contacts of potential exposure to HIV. All partner notification activities, including dispositions, will be reported to the Montana DPHHS STD Program using this form. Provide the following information to the best of your ability. Retain a copy of the form for your records. Please use confidential fax (800) 616-7460 or mail confidentially the original copy to: STD Surveillance Coordinator, P.O. Box 202951, Cogswell Building Room C-211, Helena, MT 59620.

DO NOT report the name of the individual testing positive.

Contact your local health department or the DPHHS STD Section Supervisor at (406) 444-2457 for assistance with partner notification or assistance in the completion of this form.

Interviewer Information		
Provider/ Interviewer and Date:		
Address:	City:	Phone:

Patient Demographics/Risk Assessment Information			
Age/DOB:	Sex:	Race/Ethnicity:	Date of Test:
County of Residence:		State:	

PATIENT RISK ASSESSMENT INFORMATION	<i>⇒Mark applicable answers and complete patient exposure information within past 12 months as required by CDC.</i>				
Had sex w/male?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Injection drug use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had sex w/female?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shared injection equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had sex w/transgender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Injection/Non-Inject drug usage? (Note drugs:)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had sex w/anon. partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was patient tested for HIV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had sex w/o condom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Patient's HIV status?	Refused <input type="checkbox"/>	Unknown <input type="checkbox"/>
Had sex while intoxicated/high?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prior STD history?	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>
Exchanged drugs/money for sex?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was patient counseled for HIV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Females-had sex w/known MSM?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Met partners via internet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had sex w/known IDU?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was patient screened for?	Gonorrhea <input type="checkbox"/>	Syphilis <input type="checkbox"/>
Been incarcerated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Partners referred to agencies offering free/reduced-cost testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Partners referred to agencies offering free/reduced-cost treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Reason for exam?	Symptomatic <input type="checkbox"/>	Asymptomatic <input type="checkbox"/>
				Contact to STD <input type="checkbox"/>	Prenatal <input type="checkbox"/>

- HIV Disposition Codes**
- | | |
|---|---|
| 1 – Previous Positive | 7 – Not Previously Tested, Refused Testing Now |
| 2 – Previous Negative, New Positive | G – Insufficient Information to Begin Investigation |
| 3 – Previous Negative, Still Negative | H – Unable to Locate |
| 4 – Previous Negative, Not Re-tested | J – Located, refused Counseling and Testing |
| 5 – Not previously tested, New Positive | K – Out of Jurisdiction |
| 6 – Not Previously Tested, New Negative | L – Other |

Please provide information for all out-of- jurisdiction contacts below:

PROVIDER/INTERVIEWER: If requesting DPHHS/local health agency assistance with contact notification, please complete as much of the information below as possible for each contact identified. Additional forms may be attached as needed.

Contact Name:			Marital Status:	
Age (Birth Year):	Race:	Sex:	Height:	Weight:
Hair: (color, style)		Complexion:	Build:	
Address:		City:	Phone/Email:	
Type of contact: (Type of sex, needle-sharing, other)			Exposure Dates:	
Other information? (Where employed, type of car, hangouts frequented, notable features, etc.)				

Contact Name:			Marital Status:	
Age (Birth Year):	Race:	Sex:	Height:	Weight:
Hair: (color, style)		Complexion:	Build:	
Address:		City:	Phone/Email:	
Type of contact: (Type of sex, needle-sharing, other)			Exposure Dates:	
Other information? (Where employed, type of car, hangouts frequented, notable features, etc.)				

Contact Name:			Marital Status:	
Age (Birth Year):	Race:	Sex:	Height:	Weight:
Hair: (color, style)		Complexion:	Build:	
Address:		City:	Phone/Email:	
Type of contact: (Type of sex, needle-sharing, other)			Exposure Dates:	
Other information? (Where employed, type of car, hangouts frequented, notable features, etc.)				

Contact Name:			Marital Status:		
Age (Birth Year):	Race:	Sex:	Height:	Weight:	
Hair: (color, style)		Complexion:	Build:		
Address:		City:	Phone/Email:		
Type of contact: (Type of sex, needle-sharing, other)			Exposure Dates:		
Other information? (Where employed, type of car, hangouts frequented, notable features, etc.)					

Contact Name:			Marital Status:		
Age (Birth Year):	Race:	Sex:	Height:	Weight:	
Hair: (color, style)		Complexion:	Build:		
Address:		City:	Phone/Email:		
Type of contact: (Type of sex, needle-sharing, other)			Exposure Dates:		
Other information? (Where employed, type of car, hangouts frequented, notable features, etc.)					

Contact Name:			Marital Status:		
Age (Birth Year):	Race:	Sex:	Height:	Weight:	
Hair: (color, style)		Complexion:	Build:		
Address:		City:	Phone/Email:		
Type of contact: (Type of sex, needle-sharing, other)			Exposure Dates:		
Other information? (Where employed, type of car, hangouts frequented, notable features, etc.)					