



Communicable Disease  
Epidemiology Program

LHJ Case ID

Reported  
to DPHHS

MT State No.

Soundex

**Mail forms, securely in  
double envelope to:**

CDEpi  
1400 Broadway, Rm C-216  
PO Box 202951  
Helena, MT 59620-2951  
**OR FAX to: 1-800-616-7460**

**Previously Diagnosed HIV Form**

OOS State No.

**REPORT SOURCE**

Person Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_

Source for information (if other than person completing report): \_\_\_\_\_ Phone: \_\_\_\_\_

Current HCP: \_\_\_\_\_ Phone: \_\_\_\_\_

**PATIENT INFORMATION**

Name (First) \_\_\_\_\_ Middle/MI \_\_\_\_\_

Name (Last) \_\_\_\_\_

Other names \_\_\_\_\_

Current Address (as of \_\_/\_\_/\_\_\_\_)

Street \_\_\_\_\_  Homeless

City/Town \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

Current Status:  HIV  AIDS Birth Country:  US  other \_\_\_\_\_

SSN \_\_\_\_\_  Alive  Dead

Birth date \_\_/\_\_/\_\_

Sex  F  M  Unknown

Gender  F  M  Other  Unknown

Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino

Race (check all that apply)

Amer Ind/AK Native  Asian  
 Native HI/other PI  Black/Afr Amer  
 White  Unknown

**HIV Laboratory Test Results (diagnostic and most recent)**

**Residence at Diagnosis**

Test (i.e., HIV 1/2 Ab, Ag, CD4, VL)	Result	Collected
		__/__/__
		__/__/__
		__/__/__
		__/__/__
		__/__/__
		__/__/__
		__/__/__
		__/__/__
CD4 Abs (AIDS defining)		__/__/__
CD4 % (AIDS defining)		__/__/__
		__/__/__
		__/__/__
		__/__/__

**Residence at HIV diagnosis**  
City \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Facility of Diagnosis \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Residence at AIDS diagnosis**  
City/Town \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Facility of Diagnosis \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

List any AIDS-defining opportunistic infections and date of diagnosis.

**Risk Factors (if known)**

	Yes	No	Unk
Sex w/ male			
Sex w/ female			
Injection drug use (IDU)			
Heterosexual contact w/ IDU			
Heterosexual contact w/ bisexual male			
Heterosexual contact w/ person w/ documented HIV infection, risk not specified			
Include other risks not included above			

**Notes (i.e., other same-as or different-than state numbers; if dead, residence at death; and other pertinent information)**