

INDEX PATIENT INFO

Index Patient MIDIS ID

Partner Demographics

Date of Session	Partner Case Open Date
Partner Date of Birth (If DOB Unknown enter 01/01/1800)	Partner First Name
	Partner Last Name
Partner Race	Partner Contact Phone
American Indian/ Alaska Native	
Asian	Partner Street/Contact Address
Black or African American	
Native Hawaiian/ Pacific Islander	Partner City
White	Partner ZIP Code
Don't Know	
Not Specified	Partner Gender Identity
Declined to Answer	Male
	Female
	Transgender: Male to Female
	Transgender: Female to Male
	Another Gender
	Declined to Answer
	No Answer
Partner Ethnicity	Partner's Assigned Sex at Birth
Hispanic or Latino	No Answer
Not Hispanic or Latino	Male
Don't Know	Female
Declined to Answer	Declined to Answer
Date Demographics Collected	

Partner Disposition - Was the Partner Located?

No Answer	
Located - If "Located" Was enrollment in Partner Services Accepted?	Unable to Locate - If "Unable to Locate," Why was the attempt unsuccessful?
No Answer	No Answer
Accepted	Deceased
Declined	Out of Jurisdiction
Partner Not Located	Other

Partner Enrollment

Partner Type:
No Answer
Sex Partner
Needle-Sharing Partner
Both Sex and Needle-Sharing Partner
Partner Eligible for Notification?
No Answer
Yes - Partner is Notifiable
Yes - Partner is Notifiable & Known to be Previously Positive
No - Partner is Out of Jurisdiction
No - Partner Has a Risk of Domestic Violence
No - Partner is Known to be Previously Positive
No - Partner is Deceased
No - Other

### Partner Enrollment (continued)

Partner Notification Method

No Answer

Health Dept (Provider) Notification

Client Notification

Dual Notification

Third-Party (e.g., Physician) Notification

Refused Notification

Partner Not Notified

### Partner Risk Profile (*Did the partner report the following behaviors in the past 12 months?*)

Date Risk Profile Collected:

Yes

No

Don't  
Know

Declined  
to Answer

Vaginal or Anal Sex  
with a Male

Vaginal or Anal Sex  
with a Female

Using IV Drugs

Vaginal or Anal Sex  
without a Condom

Vaginal or Anal Sex  
with a Transgender  
Person

### Medical History: Partner HIV Test

Has the partner had a  
previous HIV Test?

No Answer

Yes

No

Don't Know

Previous HIV Test Result; *If  
"Yes" the partner has had a  
previous HIV Test, then select  
one of the following:*

No Answer

No Record Found - No Self Report

No Record Found - Self Report Negative

No Record Found - Self Report Positive

Record Found - Negative

Record Found - Positive

Record Found - Preliminary Positive

Record Found - Indeterminate

### PARTNER PrEP STATUS and REFERRAL

Is the partner currently  
on PrEP?

No Answer

Yes

No

If **No**, has the partner been  
referred to a PrEP Provider?

No Answer

Yes

No

Partner on PrEP

Partner Declined

### Partner Care Status at Interview (*complete section if known to be previously positive*)

Partner Care Status

No Answer

In Care

Not In Care

Pending

Don't Know

Declined to Answer

Partner Care Agency  
(if Partner Care Status is "In Care")

Partner Care Site

## PARTNER TEST

Was an HIV Test Performed?

No Answer

No

No; Partner is known to be HIV Positive

Yes

If Yes, Then Date Partner HIV Test Performed:

## HIV Test Type *(Select One as a Basis for Determination)*

No  
Answer

CLIA-waived Point-of-Care  
(POC) HIV Test

Laboratory-based  
HIV Test

### POC HIV Test Result

POC Test  
Not Performed

Negative

Preliminary  
Positive

Discordant

Invalid

### Lab-based HIV Test Result

Lab-based Test  
Not Performed

HIV-1 Negative

HIV-1 Negative;  
HIV-2 Inconclusive

HIV-1 Positive

HIV-2 Positive

HIV Positive;  
Undifferentiated

Inconclusive

### Was the HIV Test Result Provided to the Partner?

Yes

Yes, Partner obtained the result from another agency

No

No Answer

### Was a test for Syphilis done in conjunction with this HIV Test Event?

Yes

No Answer

No

### If "Yes" (above) Syphilis Test Result

Not Infected

Newly Identified Infection

Not Known

No Answer

### **What is the Partner's current HIV Medical Care Status?**

No Appointment necessary - Partner Previously Positive and Engaged in Medical Care

No Appointment necessary -  
Negative Test Result

Appointment Pending

Confirmed - Partner Accessed Service Within 14 Days of Positive Test

Confirmed - Partner Accessed Service Within 30 Days of Positive Test

Confirmed - Partner Accessed Service After 30 Days of Positive Test

Confirmed - Partner Did Not Access Service

Partner Lost to Follow Up

No Answer



MONTANA  
STD/HIV  
PROGRAM

*HIV Partner Services Form -  
version 20210422  
Montana DPHHS  
HIV Prevention Program*