

**HIV Partner Form**

**Index Patient Information**

\*The index patient is the case that the partner is linked to.

**Index Patient MIDIS ID \***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partner Demographics**

**Date of Session**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

**Partner Case Open Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

**Partner Date of Birth (If DOB unknow enter 01/01/1800)** \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

**Partner Name** \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

**Partner Contact Phone**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter a valid phone number.

**Partner Contact Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State / Province

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal / Zip Code

**Partner Gender Identity**

* Male
* Female
* Transgender: Male to Female
* Transgender: Female to Male
* Another Gender
* Declined to Answer

**Partner Assigned Sex at Birth**

* Male
* Female
* Declined to Answer

**Partner Race**

* American Indian / Alaska Native
* Asian
* Black or African American
* Native Hawaiian / Pacific Islander
* White
* Don't Know
* Not Specified
* Declined to Answer

**Partner Ethnicity**

* Hispanic or Latino
* Not Hispanic or Latino
* Don't Know
* Declined to Answer

**Date Partner Demographics Collected**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

**Partner Enrollment & Disposition**

**Partner Type:**

* Sex Partner
* Needle-Sharing Partner
* Both Sex and Needle-Sharing Partner

**Was the partner located?**

* Located
* Unable to Locate

**If the partner was unable to be located, why was the attempt to locate unsuccessful?**

* Deceased
* Out of Jurisdiction
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the partner was located, was enrollment in partner services accepted?**

* Accepted
* Declined

**Is the partner eligible for notification?**

* Yes - Partner is Notifiable
* Yes - Partner is Notifiable & Known to be Previously Positive
* No - Partner is Deceased
* No - Partner is Out of Jurisdiction
* No - Partner Has a Risk of Domestic Violence
* No - Partner is Known to be Previously Positive
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partner Notification Method**

* Health Department (Provider) Notification
* Client Notification
* Dual Notification
* Third-Party (e.g., Physician) Notification
* Refused Notification
* Partner Not Notified

**Partner Risk Profile**

**Date Risk Profile Collected:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

**Did the partner report the following behaviors in the past 12 months?**

**Yes No Not Asked 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**

**Partner Pregnancy Status**

* Pregnant
* Not Pregnant

**Partner Housing Status**

* Unhoused
* Unstably House and At-Risk of Losing Housing
* Stably Housed
* Declined to Answer
* Not Asked

**Partner Medical History**

**Has the partner had a previous HIV test?**

* Yes
* No

**Previous HIV Test Result**

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

* In Care

Partner Care Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner Care Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Not in Care
* Pending

**If the partner has not had a previous HIV test, did the partner have difficulty getting tested for HIV?**

* Yes
* No
* Declined to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the partner had a previous HCV test?**

* Yes
* No

**If the partner has had a previous HCV test, what was the previous HCV test result?**

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

* In Care

Partner Care Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner Care Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Not in Care
* Pending

**Partner PrEP Status and Referral**

**Is the partner currently on PrEP?**

* Yes
* No

**If the partner is not currently on PrEP, has the partner previously been referred to a PrEP provider?**

* Yes
* No
* Partner Declined

**Partner Testing**

**Was an HIV test performed?**

* No
* No; Partner is known to be HIV Positive
* Yes

**Date Partner HIV Test Performed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

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

* CLIA-waived Point-of-Care (POC) HIV Test
* Laboratory-based HIV Test

**POC HIV Test Result**

* Negative
* Preliminary Positive
* Discordant
* Invalid

**Laboratory-based HIV Test Result**

* 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

**Was the partner counselled about PrEP at the time of testing services?**

* Yes
* No
* Partner is currently on PrEP

**Was the partner given a referral for PrEP at the time of services?**

* Yes
* No
* Partner is currently on PrEP

**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

**Was a test for Syphilis done in conjunction with this HIV test event?**

* Yes
* No

**Syphilis Test Result:**

* Not infected
* Newly identified infection
* Not known

**Was an HCV test performed?**

* No
* No; Partner is known to be HCV Positive
* Yes

**Date Partner HCV Test Performed**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

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

* CLIA-waived Point-of-Care (POC) HIV test
* Laboratory-based HIV test

**POC HCV Test Result**

* Negative
* Preliminary Positive
* Discordant
* Invalid

**Laboratory-based HCV Test Result**

* Negative
* Positive
* Inconclusive

**Was the HCV test result provided to the partner?**

* Yes
* Yes, partner obtained the result from another agency
* No

**What is the partner's current HCV 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

**Was a test for Syphilis done in conjunction with this HCV test event?**

* Yes
* No

**Syphilis Test Result**

* Not infected
* Newly identified infection
* Not known

Done