10. PrEP Navigation and Follow-up for Unknown or Negative HIV Status

Applying OA criteria, is the client eligible for PrEP referral?

◯ (1) Yes ◯ (0) No

Was the client referred to a PrEP prescriber?

◯ (1) Yes ◯ (0) No → **Why not?** *(mark one - select primary reason):*

◯ (1) Client not interested in PrEP ◯ (2) Other *(specify)*: _____

Type of referral *(mark one)*:

◯ (1) Internal ◯ (2) External

Referral date *(mm/dd/yyyy)*: ☐☐/☐☐/☐☐☐☐

Did the client attend first appointment? *(mark one)*

◯ (1) Yes → **Appointment date** *(mm/dd/yyyy)*: ☐☐/☐☐/☐☐☐☐

◯ (0) No

◯ (8) Don't know

Did the client obtain a PrEP prescription? *(mark one)*

◯ (1) Yes

◯ (0) No

◯ (8) Don't know

Did the client initiate taking PrEP? *(mark one)*

◯ (1) Yes → **PrEP initiation date** *(mm/dd/yyyy)*: ☐☐/☐☐/☐☐☐☐

◯ (0) No

◯ (8) Don't know

Was client assisted with navigation or linkage to a PrEP prescriber *(excluding benefits navigation)*?

◯ (1) Yes ◯ (0) No

Is this a follow-up session for a client who is currently on PrEP?

◯ (1) Yes → **What follow-up session is this?** *(mark one)*

◯ (0) No

◯ (1) 1-month

◯ (2) 3-month

◯ (3) 9-month

◯ (4) 12-month

◯ (5) Other *(specify)*: _____

11. PrEP Support Services

	Screened for need	Need identified	Provided or referred
PrEP medication adherence support	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No

CLIENT ENCOUNTER FORM

1. Administrative Information

OA unique ID *(enter or adhere)*: ☐☐☐☐☐☐☐☐☐☐

Session date *(mm/dd/yyyy)*: ☐☐/☐☐/☐☐☐☐

Provider ID: ☐☐☐☐

Data entry ID: ☐☐☐☐

Agency ID: ☐☐☐☐☐

Location ID: ☐☐☐☐☐

Program announcement:

◯ PS18-1802 ◯ Other *(specify)*: _____

2. Client Identification

LEO client ID: ☐☐☐☐☐☐☐☐☐☐☐☐

CalREDIE person ID *(LHJ use only)*: ☐☐☐☐☐☐☐☐☐☐

Legal first name:

Legal middle name:

Legal last name:

Alternate first name: *(alias, preferred,maiden,etc.)*

Alternate middle name: *(alias, preferred,maiden,etc.)*

Alternate last name: *(alias, preferred,maiden,etc.)*

Current street address:

City:

County:

State/territory:

ZIP code: ☐☐☐☐☐

Social security number: ☐☐☐-☐☐-☐☐☐☐

Primary phone number *(xxx-xxx-xxxx)*: ☐☐☐-☐☐☐-☐☐☐☐

Secondary phone number *(xxx-xxx-xxxx)*: ☐☐☐-☐☐☐-☐☐☐☐

E-mail address:

3. Client Demographics *(continued on page 2)*

Date of birth *(mm/dd/yyyy)*: ☐☐/☐☐/☐☐☐☐

Current gender identity *(mark one)*:

◯ (1) Male

◯ (2) Female

◯ (3) Trans male/transman

◯ (4) Trans female/transwoman

◯ (5) Genderqueer or non-binary

◯ (6) Identity not listed *(specify)*: _____

◯ (9) Declined to answer

Sex assigned at birth *(mark one)*:

◯ (1) Male

◯ (2) Female

◯ (9) Declined to answer

Sexual orientation *(mark one)*:

◯ (1) Heterosexual or straight

◯ (2) Bisexual

◯ (3) Gay, lesbian, or same gender loving

◯ (4) Orientation not listed *(specify)*: _____

◯ (8) Questioning/unsure/client doesn't know

◯ (9) Declined to answer

3. Client Demographics *(continued from page 1)*

Ethnicity *(mark one)*:

- ◯ (1) Hispanic or Latinx *(specify)*: _____
- ◯ (2) Not Hispanic or Latinx
- ◯ (8) Client doesn't know
- ◯ (9) Declined to answer

Race *(mark all that apply)*:

- ☐ (1) Black/African American
- ☐ (1) American Indian/Alaska Native
- ☐ (1) Asian *(specify)*: _____
- ☐ (1) Native Hawaiian/Pacific Islander *(specify)*: _____
- ☐ (1) White
- ☐ (1) Client doesn't know
- ☐ (1) Declined to answer

4. HIV Testing History

HIV test before today? *(mark one)*

- ◯ (1) Yes → **Most recent HIV result received** *(mark one if tested before today)*:
  - ◯ (1) Negative
  - ◯ (2) Positive*
  - ◯ (3) Preliminary positive* *(no confirmatory result received)*
  - ◯ (4) Inconclusive, invalid
  - ◯ (8) Client doesn't know
  - ◯ (9) Declined to answer
- ◯ (0) No
- ◯ (8) Client doesn't know
- ◯ (9) Declined to answer

5. Client Pre-Exposure Prophylaxis (PrEP) Awareness and Use

Ever heard of PrEP?	Currently taking daily PrEP medication?	Used PrEP anytime in the last 12 Months?	If not on PrEP, wants PrEP?
◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No

6. Priority Populations

In the <u>past 5 years</u>, has the client had a male sex partner?

- ◯ (1) Yes
- ◯ (0) No

In the <u>past 5 years</u>, has the client had a female sex partner?

- ◯ (1) Yes
- ◯ (0) No

In the <u>past 5 years</u>, has the client had a trans or genderqueer/non-binary sex partner?

- ◯ (1) Yes
- ◯ (0) No

In the <u>past 5 years</u>, has the client injected drugs that were not prescribed to them by a medical care provider?

- ◯ (1) Yes
- ◯ (0) No

Has the client <u>ever</u> injected drugs that were not prescribed to them by a medical care provider?

- ◯ (1) Yes
- ◯ (0) No

7. Essential Support Services

	Screened for need	Need identified	Provided or referred
Health benefits navigation and enrollment	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No
Behavioral health services	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No
Social services	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No

8. HIV Testing

HIV test conducted? *(mark one)*

- ◯ (1) Yes, confidential
- ◯ (2) Yes, anonymous
- ◯ (0) No, test not done ***(if 'no', <u>SKIP</u> to Section 9)***

Specimen collection date *(mm/dd/yyyy)*: ☐☐/☐☐/☐☐☐☐

Final test type *(mark one):*

- ◯ (1) Rapid test → **Rapid test specimen type** *(mark one):*
  - ◯ (1) Venipuncture
  - ◯ (2) Finger stick
  - ◯ (3) Oral

  Rapid test result *(mark one):*
  - ◯ (1) Preliminary positive*
  - ◯ (2) Negative
  - ◯ (3) Invalid
- ◯ (2) Laboratory-based test → **Laboratory-based test result** *(mark one):*
  - ◯ (1) Positive*
  - ◯ (2) Negative
  - ◯ (3) Inconclusive, further testing needed

***NOTE:** **If current or most recent HIV test result is preliminary positive or positive, complete the *Supplemental Client Encounter Form - HIV Care and Services*, in addition to this form.**

Was the final HIV test result provided to client? *(mark one)*

- ◯ (1) Yes, from **<u>this</u>** agency
- ◯ (2) Yes, from **<u>another</u>** agency
- ◯ (0) No

9. Other Testing at Encounter

Was the client tested for other infections?

- ◯ (1) Yes
- ◯ (0) No

Tested for syphilis?	Tested for gonorrhea?	Tested for chlamydia?	Tested for hepatitis C virus?
◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No	◯ (1) Yes ◯ (0) No