



HHUNY
HEALTH HOMES OF UPSTATE NEW YORK
Empowering you. Expanding possibilities.

HIV Screening

Member Name _____

Member NSID or CIN _____

Care Management Agency _____

Completed By _____

Date Started _____

Date Completed _____

Assessment Date _____ Completed By _____

Please select "Yes", "No" or "Member prefers not to address" for each question

HIV Information

Are you familiar with how HIV is transmitted and prevention techniques?

- Yes
- No

Individual is knowledgeable regarding:

Basic HIV Transmission

- Yes
- No
- Unable to determine

Needle / Works Sharing

- Yes
- No
- Unable to determine

Safer Sex / Use of Latex

- Yes
- No
- Unable to determine

Effects of Drug / Alcohol Use on Risk

- Yes
- No
- Unable to determine

What is your status?

- HIV -
- Unsure
- HIV +

If HIV +

Have you previously been diagnosed with AIDS

- No
- Yes → When?

Do you know how you were infected

- No
- Yes → Describe

Please provide the following information:

CD4 _____ Verified By: _____

VL _____ Verified By: _____

Have you experienced any of the following in the past three months:

Recent STD

- Yes
- No
- Refused
- Not Asked

Incarceration

- Yes
- No
- Refused
- Not Asked

Sex Work

- Yes
- No
- Refused
- Not Asked