



CLIENT REFERRAL FORM FOR PARTNER SERVICES
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH STD CONTROL PROGRAM

ATTN: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY/ORGANIZATION INFORMATION

REFERRAL SITE (NAME): \_\_\_\_\_

DOC ETI EIS MCM OTL OTHER: \_\_\_\_\_

PERSON REFERRING (NAME & TITLE): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

REASON FOR REFERRAL

Newly diagnosed HIV client, diagnosed within the last 12 months. FormID/PFL#: \_\_\_\_\_

Client was infected more than 12 months ago and:

- Has a new reportable STD diagnosis, infected within the last 3 months.
Unprotected sex within the last 3 months with multiple partners and/or anonymous partner(s) and/or new partner(s).
Known partners are unaware of the client's status, client is having sex after HIV diagnosis.
Client is requesting partner services for a new partner.

CLIENT INFORMATION (complete all of the information below)

NAME (LAST, FIRST): \_\_\_\_\_ DOB: \_\_\_\_\_

GENDER: M F MTF FTM Unk PRIMARY LANGUAGE: \_\_\_\_\_

MARITAL/RELATIONSHIP STATUS: S M Div Sep W Cohab Unk

ETHNICITY: Hispanic Not Hispanic

RACE (check all that apply): Am. Indian/Alaska Native Asian Black/African Am.

Native Hawaiian/Other PI White Unk

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN STATE ZIP CODE

PHONE NUMBERS (home/cell): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WEBSITES/PHONE APPS: \_\_\_\_\_

PHYSICAL DESCRIPTION: \_\_\_\_\_

GENDER OF SEX PARTNERS (check all that apply): M F MTF FTM Unk

RISK FACTORS: MSM IDU Exchanges sex for drugs or money

Other: \_\_\_\_\_

DATE OF HIV DIAGNOSIS: \_\_\_\_\_ DATE OF LAST NEGATIVE HIV TEST: \_\_\_\_\_

HIV Medical Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

If DOC Referral, what is the earliest date this client may be released from custody? \_\_\_\_\_

If information on partners is available, complete page 2, Partner Referral form for Partner Services for each partner.

Note: Prior to sending any fax, please contact and speak directly to a Disease Intervention Specialist Supervisor - Region 1: Kimberly Williams (860) 558-9218 or Region 2: Nathan Santana (860) 748-2101. Fax completed forms, with a coversheet from your agency, to (860) 730-8380.

DO NOT E-MAIL THIS FORM.