



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 - Region 1: Carlos Rodriguez (860) 306-3589 or Region 2: Alida Cuevas (959) 333-7300. Fax completed forms, with a coversheet from your agency, to (860) 730-8380.

DO NOT E-MAIL THIS FORM.