Checklist for Referral to Partner Services for Persons Newly Diagnosed With HIV in Connecticut

Connecticut Department of Public Health STD Control Program

Please use the checklist below to ensure that you have provided all of the information needed for a timely referral to Partner Services:

- Inform the client that the State Health Department will be contacting them to provide information on supportive resources and assist with confidential notification of partners.

- Complete the **Client Referral Form**.
  - The DIS assigned to interview the client will be contacting the treating clinician’s office to obtain additional information as needed. If you are able to provide a direct extension and name of the best contact in the clinician’s office, it would be greatly appreciated.

- Did the client discuss partners with you? If so, complete the **Partner Referral Form** for each partner.

- Call and speak with the Regional DIS Supervisor to alert DPH that a referral is incoming. Region is determined by the town in which the client lives.
  - Region 1 – Counties: Hartford, Litchfield, Tolland, Windham, New London, and interior of Middlesex
    o Ava Nepaul, DIS Supervisor - (860) 509-8239
  - Region 2 – Fairfield, New Haven, and shoreline of Middlesex
    o Wanda Richardson, DIS Supervisor - (203) 946-7233

- Fax referral forms and lab results to the DIS Supervisor.
  - Labs must include the confirmatory HIV test information.
  - Additional tests for which information is requested are: syphilis, chlamydia, and gonorrhea.*
  - If you have results of Hep C and tuberculosis (QTF) tests, please send that information as well.*

  - **If the asterisked (*) information is not available, do not delay calling the DIS Supervisor to report and submit the Client Referral Form and HIV labs.** It is pretty typical that the post-diagnosis screening test results will roll in later.