

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



Connecticut Department of Public Health STD Control Program – March 2022

Please use the checklist below to ensure you have provided all the information needed for a timely referral to Disease Intervention Specialists (DIS) for Partner Services:

<input type="checkbox"/>	<p><i>For clients who are newly diagnosed or new to your agency/practice:</i> Complete and submit the HIV Confidential Case Report Form to the Connecticut Department of Public Health (DPH) HIV Surveillance Program. Form available at: <a href="https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/pdf_forms/HIVAIDSFormpdf.pdf">https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/pdf_forms/HIVAIDSFormpdf.pdf</a></p>
<input type="checkbox"/>	<p>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.</p>
<input type="checkbox"/>	<p>Complete the <i>Client Referral Form</i>.</p> <ul style="list-style-type: none"> <li>The DIS assigned to interview the client will be contacting the treating clinician’s office to obtain additional information as needed. Please provide a direct extension and name of the best contact in the clinician’s office.</li> </ul>
<input type="checkbox"/>	<p>Did the client discuss partners with you? If so, complete the <i>Partner Referral Form</i> for each partner.</p>
<input type="checkbox"/>	<p>Call the Regional DIS Supervisor/Point Person to alert DPH that a referral is incoming. Region is determined by the town in which the client lives.</p> <ul style="list-style-type: none"> <li>Region 1 (860) 306-3589– Counties: Hartford, Litchfield, Tolland, Windham, New London, and interior of Middlesex</li> <li>Region 2 (959) 333-7300– Fairfield, New Haven, and shoreline of Middlesex</li> </ul>
<input type="checkbox"/>	<p>Fax referral forms and lab results, ATTN: DIS Supervisor/Point Person, to (860) 730-8380</p> <ul style="list-style-type: none"> <li>Labs must include the confirmatory HIV test information</li> <li>Additional tests for which results are requested: syphilis, chlamydia, and gonorrhea*</li> <li>If you have results of Hep C and tuberculosis (QTF) tests, please send them as well *</li> <li><b>If the asterisked (*) information is not available, do not delay calling the DIS Supervisor/Point Person to report and submit the <i>Client Referral Form</i> and HIV labs.</b> It is typical that the post-diagnosis screening test results will roll in later.</li> </ul>