



**Other STI testing** (indicate results):

- Chlamydia \_\_\_\_\_
  Gonorrhea \_\_\_\_\_
  Hep B \_\_\_\_\_
  Hep C \_\_\_\_\_
  Syphilis \_\_\_\_\_  
 Other \_\_\_\_\_

**TB Skin Test**

York Region Public Health advises that all clients diagnosed with HIV be tested for TB

Has your client had a TB skin Test?  Yes – Date (yy/mm/dd): \_\_\_\_\_  No – patient advised to be tested

\*If TB skin test is positive (LTBI) or if active TB is diagnosed, please contact York Region Public Health TB Program ext. 76000.

Note: A false negative tuberculin skin test (TST) can be caused in patients who have HIV infection and a low CD4 lymphocyte count, malnutrition, major viral illness, recent immunization (MMR, Varicella), and young age (< 6 months).

**Assessment of Risk Factors**

BEHAVIOURAL / SOCIAL FACTORS	
<input type="checkbox"/> NO CONDOM USED <input type="checkbox"/> CONDOM BREAKAGE <input type="checkbox"/> SEX WITH SAME SEX <input type="checkbox"/> SEX WITH OPPOSITE SEX <input type="checkbox"/> SEX WITH TRANS <input type="checkbox"/> SEX WITH SEX TRADE WORKER <input type="checkbox"/> SEX TRADE WORKER <input type="checkbox"/> SHARED SEX TOYS <input type="checkbox"/> SEROSORTING <input type="checkbox"/> STRATEGIC POSIITIONING <input type="checkbox"/> ANONYMOUS SEX <input type="checkbox"/> CONTACT IS HIV POSITIVE <input type="checkbox"/> NEW CONTACT IN PAST 2 MONTHS <input type="checkbox"/> MORE THAN ONE SEX CONTACT IN LAST 6 MONTHS # _____ <input type="checkbox"/> MET CONTACT THROUGH INTERNET SITES _____ <input type="checkbox"/> CONTACT LIVED IN OR VISITED FROM HIV ENDEMIC AREA (specify): _____ <input type="checkbox"/> MORE THAN ONE SEX CONTACT IN LAST 6 MONTHS # _____	<input type="checkbox"/> JUDGEMENT IMPAIRED BY ALCHOL / DRUGS <input type="checkbox"/> FIGHTING, BITING, TORTURE, BLOOD BROTHER <input type="checkbox"/> CONSUMED BREASTMILK <input type="checkbox"/> INHALATION DRUG USE <input type="checkbox"/> INJECTION DRUG USE <input type="checkbox"/> SHARED NEEDLES <input type="checkbox"/> SHARED OTHER DRUG EQUIPMENT <input type="checkbox"/> CONTACT VISITING FROM OUTSIDE PROVINCE <input type="checkbox"/> SEX FOR DRUGS/SHELTER/FOOD/SURVIVAL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: _____
EXPOSURE SETTING	MEDICAL RISK FACTORS
<p><u>EXPOSURE SETTING</u></p> <input type="checkbox"/> BATH HOUSE <input type="checkbox"/> BLOOD EXPOSURE THROUGH SHARED ACCIDENT <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OCCUPATIONAL EXPOSURE _____ <input type="checkbox"/> TRAVEL TO _____ <input type="checkbox"/> ENCOUNTER FOLLOWING MAJOR EVENT _____ <input type="checkbox"/> UNDERHOUSED / HOMELESS <input type="checkbox"/> ELECTROYSIS, PIERCINGS, TATTOOS _____ <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: _____	<p><u>MEDICAL RISK FACTORS</u></p> <input type="checkbox"/> RECEIVED BLOOD OR BLOOD PRODUCTS When: _____ Where: _____ <input type="checkbox"/> RECEIVED ORGAN/TISSUE/OTHER: _____ When: _____ Where: _____ _____ <input type="checkbox"/> INVASIVE SURGICAL/DENTAL/OTHER: When: _____ Where: _____ <input type="checkbox"/> CO-INFECTION WITH _____ <input type="checkbox"/> POSITIVE HIV STATUS When: _____ <input type="checkbox"/> BORN TO A CASE OR CARRIER <input type="checkbox"/> REPEAT STI <input type="checkbox"/> PREGNANT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: _____

**Responsibility for contact notification**

Contacts are defined as those who have had intimate sexual contact, shared drug equipment or other risk activity with client from outer limit of time frame. Time frame is 14 weeks prior to most recent confirmed negative HIV result. In the absence of prior HIV testing, it includes all contacts within the last 10 years (or since initiation of sexual/risk activity). # of contacts: \_\_\_\_\_

Has contact notification been discussed with the client?  Yes  No

Does the client have any contacts at risk of vertical transmission?  Yes  No

Does the client have any high risk sexual contacts that are: Pregnant?  Yes  No

**Who has taken responsibility to complete contact notification?**

- Client - Client has taken responsibility to inform partner(s) **and HCP assesses client reliable to provide notification**
- Health Care Provider - Health care provider will provide each partner with contact notification and testing
- Public Health - Client has requested anonymous notification of partner(s) or HCP requests PH follow-up. Please provide any known identifying information about each partner(s) including name, gender, address, telephone number, age/date of birth.
- Unable to Follow - Client does not have sufficient information to contact partner(s)
- Not discussed with client

**Information about each contact including name, gender, address, telephone number, age/date of birth**

Contact Name (Last, First)	Sex	DOB/Age (yy/mm/dd)	Address	Telephone

**Request for Public Health Follow-up**

Check this box if you have concerns such as: *patient is unwilling or unable to take appropriate precautions to reduce HIV transmission, patient is at risk of disconnection from care (eg. due mental health concerns, psychosocial concerns), or if your patient would like support from public health to link to local supports and services. A Public Health Nurse will follow-up with the patient.*

Comments: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date (yy/mm/dd): \_\_\_\_\_

If you have any questions or would like to order **free STI medications** for this client or to become a stock clinic, please call the SBBI On-Duty Line at **1-877-464-9675 Ext. 74214**.

**To order free hepatitis A and/or B vaccine for clients meeting eligibility criteria:** For York Region Health Care Providers: please obtain an order form from <http://bit.ly/YRvaccineorder> and send completed vaccine order form via fax to **(905) 830-0578**, via email to [vaccineinventory@york.ca](mailto:vaccineinventory@york.ca) or call **1-877-464-9675 Ext. 74033**. For Health Care Providers outside York Region: Contact your local Health Unit.