



PROJECT PrIDE NAVIGATION CLIENT ENCOUNTER

REDCap Record ID:

Race/Ethnicity (Please Select One):

- Asian
- Black/African-American
- Hispanic or Latino
- White
- Other:

Client Encounter Date:

Agency Name:

Client Full Name:

Client DOB: Client Age:

Client Phone Number:

Evaluation Web ID:

Sexual Orientation (Select All):

- Lesbian
- Bisexual
- Gay
- Straight/Heterosexual
- Other:

Assigned Sex at Birth:

- Male
- Female
- Not Asked
- Declined To Answer

Previous HIV Test:

- No
- Yes
- Not Asked
- Declined To Answer
- Don't Know
- Results:

Current Gender Identity:

- Male
- Female
- Transgender-MTF
- Transgender-FTM
- Transgender-Unspecified
- Not Asked
- Declined To Answer
- Additional

Current HIV Test Result:

- Positive
- Negative
- Preliminary
- Indeterminate
- Not Asked
- Declined To Answer

If Female, ONLY: Pregnant?

- No
- Yes
- Not Asked
- Declined To Answer

Transmission Risk Category (Please Select All That Apply):

- Heterosexual
- MSM
- No Identified Risk
- IDU
- MSM/IDU
- Transgender
- Bisexual
- Client has HIV-positive partner
- Client has multiple partners
- Engages in unprotected receptive anal sex
- Engages in unprotected insertive anal sex
- Client has recently injected drugs
- Other:

Client Referred to Provider? (Clients who were referred to a PrEP provider.)

- No
 - Yes
- Date Referred to Provider: _____
- If No, Why?
- In Process
 - Client Dropped Out

Reason for Client Dropping Out:

Reason:

Client needed a referral for:

Client needed a referral for:	Provided	Date
<input type="checkbox"/> Housing _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Employment _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Transportation _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Mental Health Services _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Substance Abuse Services _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	_____

PEP and PrEP Assessment

1. Is the client eligible for nPEP (Exposure less than 72 hours ago)? Yes No
- a) If yes, was the client referred to nPEP services? Yes No
- b) If referred, indicate the provider: _____

2. Did the client have knowledge of PrEP prior to today? Yes No
- a) If yes, is the client currently taking PrEP? Yes No
- b) If yes (to 2.), how did the client hear about PrEP? (select all)

- Doctor or health care provider
- Friend or family
- Mental Health Services
- Other: _____
- PrEP/Peer Navigator
- Sex partner
- HIV/STD testing encounter
- Social media/online (please indicate): _____
- TV, radio, print ad or billboard (circle all that apply)
- Community or outreach event
- None of the above

Insurance Information

1. Does the client have health insurance? Yes No
2. If yes, indicate which type:
- Medicaid
 - Medicare
 - Private Insurance (through Employer/Parents/Marketplace)

If the client is interested in any navigation services, what is their preferred method of contact?

Call/Voicemail: _____ Text: _____ Email: _____

Client's Signature

Date

By signing this document, client gives agency authorization to conduct follow-up regarding navigation services indicated above. Additionally, client authorizes entry of their information into a secure database shared among partner agencies in the GetPrEPtN Network.

Navigator Notes:
