

SULLIVAN COUNTY PUBLIC HEALTH SERVICES

PATIENT I.D. _____ REPEAT TEST [] PREVIOUS I.D. RECORD NUMBER _____

SEX _____ AGE _____ RACE _____ COUNTY _____ ZIP _____

HEALTH STATUS: [] ACUTE HIV INFECTION [] ASYMPTOMATIC [] OTHER ILLNESS _____

HISTORY: 1. [] HOMOSEXUAL 2. [] BISEXUAL 3. [] HETEROSEXUAL 4. [] MULTIPLE PARTNERS
5. [] I.V. DRUG USER 6. [] HEMOPHILIAC 7. [] TRANSPLANT RECIPIENT
8. [] BLOOD PRODUCT RECPIENT 9. [] KNOWN HIV POSITIVE
10. [] OTHER _____

[] SEXUAL PARTNERS OF PERSONS WITH _____

LAB RESULTS DATE TESTED: _____

ELISA _____ WESTERN BLOT _____

COMMENTS: _____

POST COUNSELING (INCLUDE DATE RETURNED) _____

_____ INITIALS _____

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