

**HIV Risk Assessment** Revision Date: 3-7-09

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Person's Name ( <i>Optional</i> ):	Record #:	Date:				
Person's Age	Organizational Name:					
Gender:  Male Female Transgender Other:						

## (Check all that apply below)

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1. What drugs do you usually use?						7. In the last five years, about how many people have you						
☐ Heroin ☐ Other Opiates ☐ Cocaine		□ Ir □ N	<ul> <li>☐ Benzodiazepines</li> <li>☐ Inhalants</li> <li>☐ Marijuana</li> </ul>		-	had sex with?         20 or more       10-19         3-9       0-2						
	Alcohol   Amphetamines     Methadone   Other:					8. How often do you use protection against i □ N/A □ □ Never					fec	tions?
2. How do you use your drugs?						□ Sometimes □ Always						
☐ Inject ☐ Oral ☐ Smoke	, ,	S	Snort Other:			9. Have you had sex for money, drugs or something you needed? □ Yes □ No						
3. If you inject drugs, how often do you use new needles?					s?	10. When was the last time you were tested for HIV?						
□ N/A □ Always			ĺ	Never								
□ Sometimes □ Never □ Never					11. Did you receive your results? 🔲 N/A							
4. If you use new needles, where do you get them?         N/A       Needle Exchange         Pharmacy       Other					☐ Yes ☐ No							
					12. Would you like more information about HIV where to get tested / treated?							
Friends												
5. If you use needles, how do you dispose of them?						Please check what was provided to Person Served below:						
N/A       Bring to Pharmacy         Throw Away       Disposal Site         Needle Exchange       Other					HIV Fact Sheet       Discussion Only         Referral       Other STI Information         Other:							
6. Do you ever share needles/injection equipment?  N/A Yes No												
Other Notes / Recommendations:												
Provider - Print Name/Credential: Dat			e:	Supervisor - Print Name/Credential (if needed): Date:					Date:			
Provider Signature: Date			e:	Supervisor Signature (if needed): Date:					Date:			
Date of Service	Provider Number	Loc. Code	Prcdr. Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Total Time		Diagnostic Code