

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	 ☐ Benzodiazepines ☐ Inhalants ☐ Marijuana 		-	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