

CONFIDENTIAL H.I.V. TEST RECORD

Date of visit: _____

Name: _____ Race: _____ Sex: _____

Date of Birth : ___/___/___ SS# ___/___/___ Marital Status: M S W D Separated

Physical Address:

Phone Number: () _____ Other Phone: () _____

Patient Type (Check): STD _____ Family Planning _____ Walk-In _____
Tuberculosis _____ Court Order _____ CMS _____ Infant _____
Other _____ Explain: _____

Consent Form Signed: YES NO

Log # _____

..... This section for use with OraQuick Rapid HIV Tests

Test Performed By: _____
Results Reviewed By: _____ Same Person as Above

Rapid HIV Test Results: Negative Positive (Confirmatory Test Required)

CONFIRMATORY TEST

Complete only if OraQuick test is "Preliminary Positive"

YES Type of test: Blood Serum Date of Test: _____

NO Reason Client declined. Client Initials: _____
 Other _____

COMMENTS:

