

Adult HIV/AIDS Confidential Case Report Form Instructions

IMPORTANT: Copy the form to your computer.

Click in the first field (MR or ID#) to begin data entry. Use the tab key to move to the next field or left click with the mouse in the field needed to continue entering information. Select boxes by left clicking in the box.

HIV Entry Form.pdf - Adobe Acrobat Professional

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Slicky Note Text Edits Edit Layout Distribute

Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients. Highlight Fields

Print Form

DPH Keeping Connecticut Healthy

Adult HIV/AIDS Confidential Case Report Form

(Patients ≥13 years of age at time of diagnosis)

DPH USE ONLY

Date of + HIV test to be used for TTH	Surv Method	Report Source	STATE #	HARMS #	WEEK	YEAR	Partial
/ / 20	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> U			MR or ID #		20	

1. PATIENT IDENTIFIER INFORMATION

Patient Name: _____ Phone: () -
(LAST, FIRST, MI)

Address: _____ City: _____ County: _____ State: _____ Zip: _____

2. PROVIDER INFORMATION

Provider's Name: _____ Phone: () -
Facility: _____ City: _____ State: _____ Zip: _____

3. FORM INFORMATION

Date Completed: / / Person reporting: _____ Phone: () -

4. DEMOGRAPHIC INFORMATION

Diagnostic Status: <input type="checkbox"/> HIV Infection <input type="checkbox"/> AIDS	Date of Birth: / /	Current Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unk	Date of Death: / /	State/Terr Death:
Sex:	Ethnicity: (select one)	Race: (select one or more) <input type="checkbox"/> Black or African Am <input type="checkbox"/> White <input type="checkbox"/> Asian	Country of Birth:	

start | 10:12 AM

Data can not be saved, forms must be printed. When the form is completed click the “Print Form” button in the upper right corner of the form. Be sure to mail or fax one copy to the **State of Connecticut, Department of Public Health, 410 Capitol Avenue MS#11ASV, Hartford, CT, 06134-0308 (fax # 860-509-8237) and keep one copy in the patient’s medical record.** Mailed reports must be sent in envelopes marked “Confidential”. HIV is not reportable to local health departments.

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/ / 20__	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> U					20__	

1. PATIENT IDENTIFIER INFORMATION MR or ID # ABC123

Patient Name: Smith, John, B Phone: (860) 555 - 1111
(LAST, FIRST, MI)

Address: 123 Main Street City: North Stonington County: New London State: CT Zip: 06444

2. PROVIDER INFORMATION

Provider's Name: Jason Johnson, M.D. Phone: (860) 444 - 2222
 Facility: Downtown Clinic City: North Stonington State: CT Zip: 06444

3. FORM INFORMATION

Date Completed: 01 / 15 / 2010 Person reporting: Jason Johnson, M.D. Phone: (860) 444 - 2222

4. DEMOGRAPHIC INFORMATION

Diagnostic Status: <input checked="" type="checkbox"/> HIV Infection <input type="checkbox"/> AIDS	Date of Birth: <u>05</u> / <u>12</u> / <u>1960</u>	Current Status: <input checked="" type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unk	Date of Death: / /	State/Terr Death:
Sex:	Ethnicity: (select one)	Race: (select one or more)	Country of Birth:	

Black or African Am. White Asian

To clear all information, click on “File” and select “Revert”. This must be done after printing.

HIV Entry Form.pdf - Adobe Acrobat Professional

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- Open... Ctrl+O
- Organizer
- Create PDF
- Combine Files...
- Start Meeting...
- Save Ctrl+S
- Save As... Shift+Ctrl+S
- Save as Certified Document...
- Export
- Attach to Email...
- Revert**
- Close Ctrl+W
- Properties... Ctrl+D
- Print Setup... Shift+Ctrl+P
- Print... Ctrl+P
- History
 - 1 C:\...\HIV Entry Form.pdf
 - 2 C:\...\HIV REPORT FORM.pdf
 - 3 C:\...\TB86Coverletter-instructions.pdf
 - 4 C:\...\TB32Coverletter-instructions.pdf
 - 5 C:\...\TB-86 Entry Form.pdf
 - 6 C:\...\TB_initial_diseas...port_form_2009.pdf
- Exit Ctrl+Q

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Black or African Am. White Asian

For more information call: the Department of Public Health, HIV/AIDS Surveillance Program at 860-509-7900.