Testing Agency:

Tester: Cell:

|  |  |  |
| --- | --- | --- |
| Demographics | | |
| Client Name In-house Client ID Phone    City of Residence Zip Code County of Residence  DOB: \_\_\_\_ Health Insurance: Ever had Medicare? □ Yes □ No  Gender: □ Male □ Female □ Transgender  **Ethnicity** (mark only one): **Race** (mark all that apply): □ Decline to Answer  **Race** (mark all that apply): □ Decline to Answer  □ Asian □ Native Hawaiian/Pacific Islander  □ Black or African American □ Native American or Alaskan Native  □ White □ Other  □ Hispanic or Latino □ Asian □ Native Hawaiian/Pacific Islander  □ Non-Hispanic or Latino □ Black or African American □ Native American or Alaskan Native  □ Decline to Answer □ White □ Other | | |
| Injection Drug Use / HCV Testing History / Co-infection | |  |
| Self-reported testing history: Self-reported HCV status: HIV / HBV Status:  □ Never tested before □ Ab negative □ **HIV** positive  □ Yes, tested previously □ Ab positive □ HIV negative  □ Don’t know □ RNA positive □ Don’t know HIV status  □ Decline to answer □ Don’t know □ **HBV** positive  □ Declined to answer □ HBV negative  □ Don’t know HBV status  **Ever injected drugs?** □ **No** □ **Yes Date of last use:\_\_\_\_\_\_\_\_\_\_\_** | | |
| HCV Test | Linkage Continuum | |
| Test Date (Month / Year): \_\_\_\_\_/\_\_\_\_\_\_\_  Test Results: □ Ab+  □ RNA Negative  □ RNA Positive  Client given RNA+ results? □ Yes □ No  RNA+ client given HCV education  □ Yes □ No | HCV/RNA Positive Client Linked:  **Kept 1st Medical Appointment**:  □ **Client educated** □ Primary □ Specialty □ In-house Tx  Care Care  **Month / Year:** \_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_/\_\_ \_\_\_\_  **If not linked, why?**  □ In progress (linkage package sent to Linkage Navigator)  □ Moved out of state  □ Deceased or terminally ill  □ Incarcerated  □ Declined linkage  □ Wrong Contact Info  □ Already in HCV Care  □ Lost to follow-up/received result  □ Lost to follow-up/did not receive result | |