

**BUTTE COUNTY PUBLIC HEALTH DEPARTMENT  
HIV / AIDS CONFIDENTIAL REPORT**

Date \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Gender \_\_\_\_\_ Race \_\_\_\_\_ Med. Record # \_\_\_\_\_ Facility \_\_\_\_\_  
 Date first seen: \_\_\_\_\_ Date last seen: \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Country of Origin \_\_\_\_\_ SSN \_\_\_\_\_  
 Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

**LABORATORY TESTS**

CD4 Count	%	Date	HIV Tests	(type, result, date, Lab Test #)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	Viral Load	Date
_____	_____	_____	_____	_____

Medical History/Comments \_\_\_\_\_  
 \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

If Female: Pregnant?  Yes  No OB-GYN provider \_\_\_\_\_

Birthdate(s) of child(ren) born after 1977 \_\_\_\_\_

Hospital(s) of Birth(s) \_\_\_\_\_

**Probable Mode of Infection:**

Homosexual/Bisexual history  IV Drug Use  Heterosexual contact  Blood Products

If only known mode of infection is heterosexual contact, what is partner's history?

HIV Positive  Homosexual/Bisexual  IV Drug Use  Blood Products

Has patient been informed of HIV positive status?  Yes  No

Partner notification offered?  Yes  No

Referred for HIV Services?  Yes  No

Referred for Substance Abuse Treatment Services?  Yes  No

Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

**FOR COUNTY USE ONLY:**

Soundex \_\_\_\_\_ County \_\_\_\_\_ State # \_\_\_\_\_ Date Report \_\_\_\_\_