WOMEN'S INTERAGENCY HIV STUDY REFERRAL CHECKLIST FOLLOW-UP VISIT

	Al	FFIX ID LABEL HERE →	
A1.	_	NT ID: ENTER ID NUMBER LABEL IS NOT AVAILABLE	- _ - -
A2.	WIHS STUD	Y VISIT NUMBER	
A3.	FORM COM	PLETED BY	
A4.	FORM VERS	SION:	10/01/11
INSTRUCTIONS: USE AS A CHECKLIST TO INDICATE WHERE TO REFER			
PARTICIPANT FOR FURTHER EVALUATION / ASSISTANCE.			

QU	a. ORM & JESTION MBER(S)	b. REASON FOR REFERRAL	c. REFER TO:		
F21	F21 - SOCIODEMOGRAPHICS				
	В3	LIVING ON STREETS/BEACH	SOCIAL SERVICE PROVIDER		
	B21	NO INCOME AT ALL	SOCIAL SERVICE PROVIDER		
F22	F22HX - FOLLOW-UP HEALTH HISTORY				
	B1	FEVER OF > 100 DEGREES FAHRENHEIT FOR > ONE MONTH	MEDICAL PROVIDER		
	В3	MAJOR PROBLEMS WITH MEMORY OR CONCENTRATION > 2 WEEKS	MEDICAL PROVIDER		
	B4	NUMBNESS, TINGLING, BURNING IN ARMS, LEGS, FEET > 2 WEEKS	MEDICAL PROVIDER		
	B5	UNEXPECTED WEIGHT LOSS OF > 10 LBS FOR > ONE MONTH	MEDICAL PROVIDER		
	В6	CONFUSION, UNABLE TO PERFORM ROUTINE TASKS	MEDICAL PROVIDER		
	В7	DRENCHING NIGHT SWEATS	MEDICAL PROVIDER		

F23	F23 - OBSTETRIC, GYNECOLOGIC AND CONTRACEPTIVE HISTORY			
	B7b	PREGNANT AND NO APPOINTMENT TO SEE HCP FOR PRENATAL CARE	FOR PRENATAL CARE	
	B19	BLEEDING BETWEEN PERIODS	HEALTH CARE PROVIDER	
	B21	BLEEDING AFTER VAGINAL INTERCOURSE	HEALTH CARE PROVIDER	
	E17	ABNORMAL/INCREASED VAGINAL DISCHARGE	HEALTH CARE PROVIDER	
	E18	ABNORMAL/UNUSUAL VAGINAL ODOR	HEALTH CARE PROVIDER	
	E19	ITCHING AROUND VAGINA	HEALTH CARE PROVIDER	
	E20	SORE/ULCER IN OR AROUND GENITAL AREA	HEALTH CARE PROVIDER	
	E21	PAIN IN OR AROUND VAGINA	HEALTH CARE PROVIDER	
	F2	DISCHARGE FROM EITHER NIPPLE	HEALTH CARE PROVIDER	
	F3a	PAIN IN BREAST(S) B NOT BEFORE PERIOD	HEALTH CARE PROVIDER	
	F4	LUMP IN BREAST	HEALTH CARE PROVIDER	
F24]	BEH - ALC	OHOL, DRUG USE AND SEXUAL BEHAVIOR		
	B2	PT CURRENTLY SMOKES	COUNSELOR	
	B7a	PT DRINKS ALCOHOL AT LEAST 3-4 DAYS/WEEK	COUNSELOR	
	B24	PT THINKS SHE SHOULD CUT DOWN ON DRINKING	COUNSELOR	
	B25	HEALTH PROVIDER TOLD PT TO CUT DOWN ON DRINKING	COUNSELOR	
	B26	PT IS INTERESTED IN REFERRAL TO A PROGRAM TO REDUCE DRINKING	COUNSELOR	
	C1	USED MARIJUANA/HASH	COUNSELOR	
	C2	SMOKED CRACK	COUNSELOR	
	C3	INJECTED CRACK	COUNSELOR	
	C4	SNIFFED OR SNORTED COCAINE	COUNSELOR	
	C5	INJECTED COCAINE	COUNSELOR	
	C6	SNIFFED OR SNORTED HEROIN	COUNSELOR	
	C7	SMOKED HEROIN	COUNSELOR	
	C8	INJECTED HEROIN	COUNSELOR	
	C9	INJECTED SPEEDBALL	COUNSELOR	

F24BEH - ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR (CONTINUED)			
C10	SNIFFED OR SMOKED METHAMPHETAMINE	COUNSELOR	
C11	INJECTED METHAMPHETAMINE	COUNSELOR	
C12	USED METHADONE WITHOUT PRESCRIPTION	COUNSELOR	
C13	USED AMPHETAMINES	COUNSELOR	
C14	USED HALLUCINOGENS	COUNSELOR	
C15	USED CLUB DRUGS	COUNSELOR	
C16	USED NARCOTIC DRUGS WITHOUT PRESCRIPTION	COUNSELOR	
C19a	SHOOTING GALLERY	COUNSELOR	
C21	USED NEEDLE OR SYRINGE AFTER SOMEONE ELSE	COUNSELOR	
C22	USED COOKER OR COTTON AFTER SOMEONE ELSE	COUNSELOR	
C23	USED RINSE WATER AFTER SOMEONE ELSE	COUNSELOR	
C24	SOMEONE ELSE USED NEEDLE OR SYRINGE AFTER PARTICIPANT	COUNSELOR	
C25	SOMEONE ELSE USED COOKER OR COTTON AFTER PARTICIPANT	COUNSELOR	
C26	SOMEONE ELSE USED RINSE WATER AFTER PARTICIPANT	COUNSELOR	
D5b	SOMETIMES OR NEVER USES CONDOM DURING VAGINAL SEX (WITH MALE PARTNERS)	COUNSELOR	
D6b	SOMETIMES OR NEVER USES CONDOM WHEN GIVING ORAL SEX (TO MALE PARTNERS)	COUNSELOR	
D7b	SOMETIMES OR NEVER USES DENTAL DAM WHEN RECEIVING ORAL SEX (FROM MALE PARTNERS)	COUNSELOR	
D8b	SOMETIMES OR NEVER USES CONDOMS DURING ANAL SEX (WITH MALE PARTNERS)	COUNSELOR	
F1	HAS HAD SEX FOR DRUGS OR MONEY OR SHELTER	COUNSELOR	

F26 - PSYCHOSOCIAL MEASURES				
F 20	Π			
	F2	SEXUAL ABUSE HAS NOT STOPPED	COUNSELOR	
	F4	FORCED TO HAVE SEX WITH SOMEONE HIV+	COUNSELOR	
	G1	PARTNER THREATENED TO HURT OR KILL	COUNSELOR	
	G12	AFRAID OF PARTNER	COUNSELOR	
	G13	THINKS PARTNER MIGHT TRY TO KILL HER	COUNSELOR	
	G14	AFRAID TO GO HOME	COUNSELOR	
	H2	PHYSICAL ABUSE HAS NOT STOPPED	COUNSELOR	
F07 - PHYSICAL EXAM				
	D1b	ABNORMAL BREAST EXAM	MEDICAL PROVIDER	
	D8	NEW BREAST MASS/ABNORMALITY	MEDICAL PROVIDER	
	E1	BLOOD PRESSURE < 90/60 OR > 140/90	MEDICAL PROVIDER	
F08 - GYNECOLOGICAL EXAM				
	FORM	ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE	SOCIAL SERVICE PROVIDER	
NP02 - FOLLOW-UP NEUROPATHY SIGNS AND SYMPTOMS FORM				
	B1a-b	PT REPORTS PAIN AT "8" OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST	
	B2a-b	PT REPORTS PAIN AT "8" OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST	
	В3а-ь	PT REPORTS PAIN AT "8" OR ABOVE	MEDICAL PROVIDER OR NEUROLOGIST	