

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

AFFIX ID LABEL HERE →

A1. PARTICIPANT ID: ENTER ID NUMBER
ONLY IF ID LABEL IS NOT AVAILABLE - - -

A2. WIHS STUDY VISIT NUMBER
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A3. FORM COMPLETED BY
 ___ ___ ___

INSTRUCTIONS: USE AS A CHECKLIST TO INDICATE WHERE TO REFER PARTICIPANT FOR FURTHER EVALUATION / ASSISTANCE.

a. FORM & QUESTION NUMBER(S)	b. REASON FOR REFERRAL	c. REFER TO:
F21 – SOCIODEMOGRAPHICS		
B3	LIVING ON STREETS/BEACH	SOCIAL SERVICE PROVIDER
B8–B15	NO INCOME AT ALL	SOCIAL SERVICE PROVIDER
F22 – MEDICAL AND HEALTH HISTORY		
B1	FEVER OF > 100 DEGREES FAHRENHEIT FOR > ONE MONTH	MEDICAL PROVIDER
B3	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
B6	CONFUSION, UNABLE TO PERFORM ROUTINE TASKS	MEDICAL PROVIDER
B7	DRENCHING NIGHT SWEATS	MEDICAL PROVIDER
F23 – OBSTETRIC, GYNECOLOGIC AND CONTRACEPTIVE HISTORY		
B8b	PREGNANT AND NO APPOINTMENT TO SEE HCP	FOR PRENATAL CARE

		FOR PRENATAL CARE	
	B20	BLEEDING BETWEEN PERIODS	HEALTH CARE PROVIDER
	B22	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
	E22	PAIN IN LOWER PART OF BELLY (PELVIS)	HEALTH CARE PROVIDER
	F2	DISCHARGE FROM EITHER NIPPLE	HEALTH CARE PROVIDER
	F3a	PAIN IN BREAST(S) – NOT BEFORE PERIOD	HEALTH CARE PROVIDER
	F4	LUMP(S) IN BREAST(S)	HEALTH CARE PROVIDER
F24 – ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR			
	B5	DRINKS ALCOHOL > 3 DAYS/WK	COUNSELOR
	C1	USED MARIJUANA/HASH	COUNSELOR
	C2	USED NON-PRESCRIPTION METHADONE	COUNSELOR
	C4	USED CRACK COCAINE	COUNSELOR
	C5	USED COCAINE	COUNSELOR
	C6	USED HEROIN	COUNSELOR
	C7	USED AMPHETAMINES, OTHER DRUGS	COUNSELOR
	C8	INJECTED DRUGS	COUNSELOR
	C9	SHARED NEEDLES	COUNSELOR
	C9c	SHARED WATER TO RINSE NEEDLES	COUNSELOR
	C10	NEVER CLEANS WORKS	COUNSELOR
	D2a	SOMETIMES OR NEVER USES CONDOM DURING VAGINAL SEX (WITH MALE PARTNERS)	COUNSELOR
	D3a	SOMETIMES OR NEVER USES CONDOM WHEN GIVING ORAL SEX (TO MALE PARTNERS)	COUNSELOR
	D4a	SOMETIMES OR NEVER USES DENTAL DAM WHEN RECEIVING ORAL SEX (FROM MALE PARTNERS)	COUNSELOR
	D5a	SOMETIMES OR NEVER USES CONDOMS DURING ANAL SEX (WITH MALE PARTNERS)	COUNSELOR
	E2b	ALWAYS OR SOMETIMES SHARES TOYS WITHOUT CLEANING OR USING CONDOMS (WITH FEMALE PARTNERS)	COUNSELOR

	E3b	SOMETIMES OR NEVER USES DENTAL DAMS WHEN GIVING ORAL SEX (TO FEMALE PARTNERS)	COUNSELOR
	E4b	SOMETIMES OR NEVER USES DENTAL DAMS WHEN RECEIVING ORAL SEX (FROM FEMALE PARTNERS)	COUNSELOR
	F1	HAS HAD SEX FOR DRUGS OR MONEY OR SHELTER	COUNSELOR
F25 – HEALTH CARE UTILIZATION			
	B4bi	RECEIVED CARE IN ER > 3 TIMES DURING PAST SIX MONTHS	ASSESS NEED FOR REFERRAL
	C13	HAS UNPAID MEDICAL BILLS	SOCIAL SERVICES
F26 – PSYCHOSOCIAL MEASURES			
	F3a–m	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
	H3a–m	PHYSICAL ABUSE HAS NOT STOPPED	COUNSELOR
F07 – PHYSICAL EXAM			
	B1	ABNORMAL SKIN EXAM	MEDICAL PROVIDER
	C1	ABNORMAL ORAL EXAM	MEDICAL PROVIDER
	D1	LYMPHADENOPATHY (PALPABLE LYMPH NODES OF > 1 CM)	MEDICAL PROVIDER
	D10	NEW BREAST MASS/ABNORMALITY	MEDICAL PROVIDER
F08 – GYNECOLOGICAL EXAM			
	FORM	ANY FINDINGS SUGGESTIVE OF SEXUAL OR PHYSICAL ABUSE	SOCIAL SERVICE PROVIDER
L08 – MANTOUX SKIN TEST RESULT – 5TU-PPD-TUBERCULIN			
	FORM	HIV-NEGATIVE PARTICIPANT WITH PPD READING 5–10 MM	MEDICAL PROVIDER