

## PrEP Referral and Linkage Form

### AGENCY COMPLETES:

Client Name: \_\_\_\_\_ Last Four of SS# \_\_\_\_\_  
Code for Identity Verification Purposes

Rapid: Date of HIV Test/Result: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab: Date of HIV Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date HIV Result Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referred/PrEP Appointment Scheduled By:

Referring Agency Name: \_\_\_\_\_ (circle one - **Funded** or **Other**)

Funded Prevention Agency -> Form ID (from Eval Web data entry) \_\_\_\_\_

Person who made referral/PrEP Appointment \_\_\_\_\_

Referred/Appt Scheduled with: Provider's Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Scheduled Initial PrEP Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Info: Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Other \_\_\_\_\_

Consent allowing PrEP Coordinator to contact client completed  Yes (***Must be YES for client to be contacted***)

Comments/Notes:

### PrEP COORDINATOR COMPLETES:

PrEP Coordinator: \_\_\_\_\_ Region: \_\_\_\_ Date Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Verification of PrEP Linkage (confirmation of client attending PrEP appointment):

Initial Visit Date: \_\_\_\_/\_\_\_\_/----- Confirmed with Client: \_\_\_\_/\_\_\_\_/\_\_\_\_

PrEP prescribed? Yes or No PrEP initiated? Yes or No

In PrEP for at least 3 months? Yes or No Adherent to PrEP meds? Yes or No

Any missed visits?  No  Yes If Yes, Why? \_\_\_\_\_

### After PrEP appt has been confirmed with client and there is a test event in Eval Web –

Date Linkage Question answered as YES in Eval Web: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments/Notes: