HIV

ORPHEUS ID

Date of report ___/___/___ Assigned to: _____

Name_____ County_____
Last, First, Middle (a.k.a)

Address_____ E-mail_____
Street City Zip

Phone(s) _____ / _____
☐home (H) ☐work(W) ☐cell(C) ☐message(M) ☐home (H) ☐work(W) ☐cell(C) ☐message(M)

ALTERNATE CONTACT _____

Name_____ Phone(s)_____
Last, First, Middle ☐home (H) ☐work(W) ☐cell(C) ☐message(M)

DEMOGRAPHICS

DOB ____/___/___ If DOB unk, AGE___ Sex: ☐ Female ☐ Male ☐ Other:_____
Language_____ Phone(s) _____

Pregnancy ☐ Y ☐ N ☐ Unk
Due date __/__/__ or (# wks)

Past year housing (check one): ☐ Stably housed ☐ Unstably housed ☐ Homeless ☐ Incarcerated ☐ Declined ☐ Unk

Housing at Diagnosis (check one): ☐ Stably housed ☐ Unstably housed ☐ Homeless ☐ Incarcerated ☐ Declined ☐ Unk

RACE, ETHNICITY, LANGUAGE, AND DISABILITY (REALD)

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? _____

Which of the following best describes your racial or ethnic identity? Check **all** that apply

Amer Indian/ Alaska Native
- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis First Nation
- ☐ Indigenous Mexican Central American South American

Hispanic or Latino/a/x
- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Asian
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

If you selected more than one racial or ethnic identity, circle the one that **best** represents your racial or ethnic identity. If you have **more than one** primary racial or ethnic identity, please check here ☐

Native Hawaiian/ Pacific Islander
- ☐ Guamanian
- ☐ Chamorro
- ☐ Micronesian/Marshallese/Palaun (COFA)
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander

Black or African American
- ☐ African American
- ☐ African (Black)
- ☐ Caribbean (Black)

Middle Eastern Northern African
- ☐ Northern African
- ☐ Middle Eastern

White
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

Other Categories
- ☐ Other (please list) _____
- ☐ Don't know
- ☐ Don't want to answer

SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

What first and last name do you want to use?: _____

What pronouns do you use? Check **all** that apply.	☐She/Her ☐He/Him ☐They/Them ☐Ella ☐Él ☐Elles ☐No pronouns, use my name ☐Not listed, please specify: _____ ☐Don't know ☐I don't know what this question is asking ☐I don't want to answer

Please describe your gender in any way you prefer:	
What is your gender? Check **all** that apply.	☐Woman/Girl ☐Man/Boy ☐Non-binary ☐Agender/No Gender ☐Questioning ☐Don't know ☐Not listed. Please specify:_____ ☐I don't know what this question is asking ☐I don't want to answer
Are you transgender?	☐Yes ☐No ☐Don't know ☐Questioning ☐I don't know what this question is asking ☐I don't want to answer
Please describe your sexual orientation or sexual identity in any way you want:	
How do you describe your sexual orientation or sexual identity? Check **all** that apply.	☐Same-gender loving ☐Same-sex loving ☐Lesbian ☐ Gay ☐Bisexual ☐Pansexual ☐Straight (attracted mainly to or only to other gender(s) or sex(s)) ☐Asexual ☐Queer ☐Questioning ☐Don't know ☐Not Listed. Please specify:_____ ☐I don't know what this question is asking ☐I don't want to answer
Current sex (case)	☐F ☐M ☐X ☐O ☐U ☐R
Sex at Birth (person)	☐F ☐M ☐X ☐O ☐U ☐R
Gender	☐F ☐M ☐TGM ☐TGF ☐NG ☐R ☐U

PATIENT TREATMENT (FROM CASE INTERVIEW)	
CLINICAL QUESTIONS	
Received or is receiving Anti-retroviral therapy?	☐Y ☐N ☐R ☐U
Received or is receiving PCP prophylaxis?	☐Y ☐N ☐R ☐U
TREATMENT	
Treatment 1 Start Date ___/___/___ Drug: _____	
Treatment 2 Start Date ___/___/___ Drug: _____	

PATIENT EXPOSURES AND RISKS (BASED ON CASE INTERVIEW)	
Interviewed? ☐Y ☐N ☐R 1st call try __/__/__ Date Interviewed: __/__/___ by_____ **If no,** reason:_____ ☐not indicated ☐unable to reach ☐out of jurisdiction ☐deceased ☐refused ☐medical records review ☐physician interviewed	
Have the patient received a transfusion of blood or blood products or transplant?	☐Y ☐N ☐R ☐U
If yes, confirmed COPHI? ☐Y ☐N ☐R ☐U (OHA will determine)	
Has this person ever had sex with a male?	☐Y ☐N ☐R ☐U
If yes, how many different males has case had sex with during preceding 12 mos? # of all male partners: _____	
Has this person ever had sex with a female?	☐Y ☐N ☐R ☐U
If yes, how many different females has case had sex with during preceding 12 mos? # of all female partners: _____	
Has this person ever had sex with a transgender individual?	☐Y ☐N ☐R ☐U
Has the patient had anal and/or vaginal sex without a condom?	☐Y ☐N ☐R ☐U
Have you exchanged sex for a need within the past 12 months?	☐Y ☐N ☐R ☐U
If yes, ☐money ☐drugs ☐paid bills ☐material goods ☐place to stay/sleep ☐food ☐vehicle/transportation ☐dependent care ☐security/protection ☐other need(s)_____	

Has patient ever been a health care worker?	☐Y ☐N ☐R ☐U
Any history of "recreational" injection drug use, including intravenous injection or skin popping?	☐Y ☐N ☐R ☐U
If yes, ☐methamphetamine/speed ☐heroin ☐cocaine ☐speedball (cocaine & heroin together) ☐Other: _____ **If yes,** when was the last time you injected? Date: ___/___/_____ **If yes,** have you shared syringes or need with anyone else? ☐Y ☐N ☐R ☐U	
Engaged in non-injection (recreational) drug use within past 12 months?	☐Y ☐N ☐R ☐U
If yes, ☐methamphetamine ☐cocaine ☐heroin ☐crack ☐nitrates ☐Viagra ☐sedatives/tranquilizers ☐non-heroin opioid including prescription painkillers ☐hallucinogenic/psychoactive agent ☐marijuana (cannabis) ☐other: _____ ☐refused	
Does the person have hemophilia?	☐Y ☐N ☐R ☐U
Has this person ever had heterosexual sex with someone who was an injection drug user?	☐Y ☐N ☐R ☐U
If yes, what is the sex of your partners who inject drugs? ☐male ☐female ☐refused ☐unknown ☐did not ask	
Has this person ever had heterosexual sex with a person with HIV/AIDS?	☐Y ☐N ☐R ☐U
If yes, does case know how this partner became infected: ☐unknown ☐refused ☐injection drug use ☐partner is a man who has sex with men ☐partner is a man who has sex with men and uses injection ☐partner is a woman who had a previous HIV-positive ☐other:_____	
Prior to learning that you were HIV positive, did you ever have an HIV test? (Please record the date of last negative HIV test.)	☐Y ☐N ☐R ☐U
If yes, estimate month and year of most recent test: Date: ___/___/_____ **If yes,** what was result of last HIV test? ☐negative ☐positive ☐indeterminate ☐unknown ☐refused **If yes,** reason for HIV Test: ☐regular testing ☐HIV seroconversion symptoms ☐partner contacted me-HIV ☐health department contacted me-HIV ☐HIV positive partner who was recently diagnosed ☐partner contacted me-STD ☐health department contacted me-STD ☐symptoms of diagnosed with STD ☐provider suggested ☐PrEP screening ☐media advertisement (specify): _____ ☐other (specify):_____ ☐refused	
At which of the following places have you had sex during the past 12 months?	☐home or private residence ☐sex party ☐bathhouse ☐bookstore ☐public (e.g., parks) ☐club ☐festival/rave ☐other: _____ ☐refused
Do you ever find sex partners on the internet?	☐Y ☐N ☐R ☐U
If yes, what internet sites have you used: ☐Manhunt ☐Adam4Adam ☐Bareback RT ☐Craigs List ☐Grindr ☐Scruff ☐Jack'd ☐Growler ☐Dude's Nude ☐Tinder ☐Match ☐eHamony ☐Sniffies ☐Facebook ☐Snapchat ☐Instagram	
Has this person been incarcerated within the past 12 months?	☐Y ☐N ☐R ☐U
Have you used an at home HIV test kit in the last year?	☐Y ☐N ☐R ☐U
If yes, estimate month and year of most recent test: Date: ___/___/_____ **If yes,** what was result of last HIV test?: ☐negative ☐positive ☐indeterminate ☐unknown ☐refused **If yes,** did you get confirmatory/follow up testing because of taking that home HIV test? ☐Y ☐N ☐R ☐U	
Are you currently taking PrEP for HIV prevention?	☐Y ☐N ☐R ☐U
If yes, when was the last time you used PrEP? Date: ___/___/_____ **If yes,** are there challenges to continue PrEP? Select all the options that apply. If there are other reasons, write them in the notes: ☐knowledge ☐personal ☐insurance ☐social support ☐access ☐stigma ☐side effects ☐affordability ☐change of risk perception or relationship status	
How many times have you used PEP for HIV prevention?	# of times:_____
Tested for CT/GC?	☐Y ☐N ☐R ☐U

If yes, date of most recent CT/GC test. Date: ___/___/_____	
Tested for syphilis?	☐Y ☐N ☐R ☐U
If yes, date of most recent syphilis test. Date: ___/___/_____	
The following questions apply to individuals assigned female at birth:	
Has this woman ever had heterosexual sex with a man who was bisexual (also had sex with men)?	☐Y ☐N ☐R ☐U
Has this person ever had heterosexual sex with someone who was a transfusion recipient with HIV infection?	☐Y ☐N ☐R ☐U
Has this person ever had heterosexual sex with a person who had hemophilia?	☐Y ☐N ☐R ☐U
Has this person ever had heterosexual sex with someone who was a transplant recipient with HIV infection?	☐Y ☐N ☐R ☐U

Notes

CONTACTS

Ask about contacts (sexual, needle-sharing, etc.) since last negative HIV test OR in the 12 months prior to HIV diagnosis, whichever is applicable. List below name and contact information for all contacts. Duplicate this page as necessary. For each contact, complete a copy of the contact interview form (page 7). ☐No contacts elicited ☐No contacts initiated

Date partner named__/__/_____ Partner age or date of birth __/__/_____ Sex ☐female ☐male ☐TGF ☐TGM ☐unknown Email _________________ Name____________________________________ Phone(s)___________________ AKA(s)____ Address____ Exposure: Most recent contact: ___/___/_____ Partners type: ☐sex ☐needle ☐both ☐other:____________________ Place/setting/location (private residence, club, bar, party, etc): ___________________ Approx. ht_____ Approx. wt_____ Hair color: ☐Bald ☐Black ☐Blond ☐Red ☐Other:_____________ ☐Unknown Skin color: ☐Black ☐Brown ☐White ☐Other:_____________ ☐Unknown	Hispanic: ☐Yes ☐No ☐Unk ☐Ref Race (check all that apply): ☐Asian ☐American Indian/Alaska Native ☐Black ☐Pacific Islander ☐White ☐Refused ☐Unknown

Date partner named__/__/_____ Partner age or date of birth __/__/_____ Sex ☐female ☐male ☐TGF ☐TGM ☐unknown Email _________________ Name____________________________________ Phone(s)___________________ AKA(s)____ Address____ Exposure: Most recent contact: ___/___/_____ Partners type: ☐sex ☐needle ☐both ☐other:____________________ Place/setting/location (private residence, club, bar, party, etc): ___________________ Approx. ht_____ Approx. wt_____ Hair color: ☐Bald ☐Black ☐Blond ☐Red ☐Other:_____________ ☐Unknown Skin color: ☐Black ☐Brown ☐White ☐Other:_____________ ☐Unknown	Hispanic: ☐Yes ☐No ☐Unk ☐Ref Race (check all that apply): ☐Asian ☐American Indian/Alaska Native ☐Black ☐Pacific Islander ☐White ☐Refused ☐Unknown

Date partner named__/__/_____ Partner age or date of birth __/__/_____ Sex ☐female ☐male ☐TGF ☐TGM ☐unknown Email _________________ Name____________________________________ Phone(s)___________________ AKA(s)____ Address____ Exposure: Most recent contact: ___/___/_____ Partners type: ☐sex ☐needle ☐both ☐other:____________________ Place/setting/location (private residence, club, bar, party, etc): ___________________ Approx. ht_____ Approx. wt_____ Hair color: ☐Bald ☐Black ☐Blond ☐Red ☐Other:_____________ ☐Unknown Skin color: ☐Black ☐Brown ☐White ☐Other:_____________ ☐Unknown	Hispanic: ☐Yes ☐No ☐Unk ☐Ref Race (check all that apply): ☐Asian ☐American Indian/Alaska Native ☐Black ☐Pacific Islander ☐White ☐Refused ☐Unknown

Date partner named__/__/_____ Partner age or date of birth __/__/_____ Sex ☐female ☐male ☐TGF ☐TGM ☐unknown Email _________________ Name____________________________________ Phone(s)___________________ AKA(s)____ Address____ Exposure: Most recent contact: ___/___/_____	Hispanic: ☐Yes ☐No ☐Unk ☐Ref Race (check all that apply): ☐Asian ☐American Indian/Alaska Native ☐Black ☐Pacific Islander ☐White ☐Refused ☐Unknown

Partners type: ☐sex ☐needle ☐both ☐other:_____ Place/setting/location (private residence, club, bar, party, etc): _____ Approx. ht____ Approx. wt____ Hair color: ☐Bald ☐Black ☐Blond ☐Red ☐Other:_____ ☐Unknown Skin color: ☐Black ☐Brown ☐White ☐Other:_____ ☐Unknown	

Date partner named__/__/_____ Partner age or date of birth __/__/_____ Sex ☐female ☐male ☐TGF ☐TGM ☐unknown Email _____ Name_____ Phone(s)_____ AKA(s)_____ Address_____ Exposure: Most recent contact: ___/___/_____ Partners type: ☐sex ☐needle ☐both ☐other:_____ Place/setting/location (private residence, club, bar, party, etc): _____ Approx. ht____ Approx. wt____ Hair color: ☐Bald ☐Black ☐Blond ☐Red ☐Other:_____ ☐Unknown Skin color: ☐Black ☐Brown ☐White ☐Other:_____ ☐Unknown	Hispanic: ☐Yes ☐No ☐Unk ☐Ref Race (check all that apply): ☐Asian ☐American Indian/Alaska Native ☐Black ☐Pacific Islander ☐White ☐Refused ☐Unknown

Notes

Complete a copy of this page for every PARTNER interviewed. PARTNER'S NAME_____

PARTNER'S EXPOSURES AND RISK (BASED ON CASE INTERVIEW)

Interviewed? ☐Y ☐N ☐R 1st call try __/__/___ Date Interviewed: __/__/___ by_____

If no, reason_____

Tested for CT/GC?	☐Yes ☐No
If yes, Date ___/__/___	
Tested for Syphilis?	☐Yes ☐No
If yes, Date ___/__/___	
Tested for HIV?	☐Yes ☐No
If yes, Date ___/__/___	
If yes, what was result of last HIV test? ☐negative ☐positive ☐indeterminate ☐unknown ☐refused	

Are you currently taking PrEP for HIV prevention?	☐Y ☐N ☐R ☐U
If no, was contact referred for PrEP linkage? ☐Y ☐N ☐R ☐U	
Any history of "recreational" injection drug use, including intravenous injection or skin popping?	☐Y ☐N ☐R ☐U
If yes, have you shared syringes or needles with anyone else? ☐Y ☐N ☐R ☐U	
Has this person ever had sex with a transgender individual?	☐Y ☐N ☐R ☐U
Has this person ever had sex with a male?	☐Y ☐N ☐R ☐U
If yes, how many different males has case had sex with during preceding 12 mos? # of all male partners: _____	
Has this person ever had sex with a female?	☐Y ☐N ☐R ☐U
If yes, how many different females has case had sex with during preceding 12 mos? # of all female partners: _____	
Number of sex partners in previous 12 months?	# of sex partners: _____
Has the patient had anal and/or vaginal sex without a condom?	☐Y ☐N ☐R ☐U
Have you exchanged sex for a need within the past 12 months?	☐Y ☐N ☐R ☐U
At which of the following places have you had sex during the past 12 months?	☐home or private residence ☐sex party ☐bathhouse ☐bookstore ☐public (e.g., parks) ☐club ☐festival/rave ☐other: _____ ☐refused
Do you ever find sex partners on the internet?	☐Y ☐N ☐R ☐U
If yes, what internet sites have you used: ☐Manhunt ☐Adam4Adam ☐Bareback RT ☐Craigs List ☐Grindr ☐Scruff ☐Jack'd ☐Growler ☐Dude's Nude ☐Tinder ☐Match ☐eHamony ☐Sniffies ☐Facebook ☐Snapchat ☐Instagram	

Notes

DISPOSITION

☐1 – Previous Positive
☐2 – Previous Negative, New Positive
☐3 – Previous Negative, Still Negative
☐4 – Previous Negative, Not Re-tested
☐5 – 1st Time Tested, Negative
☐8 – 1st Time Tested, Positive
☐6 – Declined
☐7 – Not Asked

NOTIFICATION PLAN
☐ Provider notification
☐ Client notification
☐ Dual notification
☐ Contract
☐ Third-party notification
☐ Refused notification

ACTUAL NOTIFICATION
☐ Provider notification
☐ Client notification
☐ Dual notification
☐ Contract
☐ Third-party notification
☐ Refused notification

OTHER

REFERRAL BASIS
☐ P1 Sex partner
☐ P2 Needle sharing partner
☐ P3 Sex + Needle
☐ Other

PARTNER INFORMED?
☐ No – partner is deceased
☐ No – partner is out of jurisdiction
☐ No – partner has risk of domestic violence
☐ No – partner previously positive
☐ No – unable to locate
☐ Yes – partner notified
☐ Other

Comments:

Completed by _____ Date _____ Phone _____

Public Health HIV, STD, TB – HIV Surveillance
Contact Us
E-mail: lea.bush@oha.oregon.gov
Communicable Disease Case Forms
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/REPORTINGFORMS/Pages/index.aspx
Phone: 971-673-0153
FAX: 971-673-0179
TTY: 711
ADMINISTRATION

Updated December 2023