



COUNSELING ASSESSMENT FOR HIV, STD AND HEPATITIS C TESTING

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 58941 (8/2018)

This form should be used as a guide by the counselor when testing clients for HIV and/or Hepatitis C. Client and counselor should review risk assessment document together to assess testing and risk-reduction needs.

Date

Client Information

Last Name	First Name	Date of Birth
Address	Occupation	Phone Number

Pre-Test Counseling Assessment

Explanation of Testing

- Discuss confidentiality issues.
- Explain what a negative test result means.
- Explain what a positive test result means.
- Review risk assessment form and discuss testing recommendation(s).
- Informed consent for testing signed and dated.

Testing Device or Specimen Source

- Venipuncture Site _____
- OraQuick® Rapid HCV _____
- Chembio SURE CHECK® Rapid HIV _____
- Urine/Vaginal _____
- Pharyngeal _____
- Rectal _____

Safer Sex and Educational Materials Distributed

- Hepatitis C Fact Sheet
- STD Facts Brochure
- Oral Sex Brochure
- HIV Facts Brochure
- HIV/AIDS Transmission
- Dental Dam
- Condom User Guide
- Lubrication
- Condoms
- Female Condoms
- Safer Sex Kit
- Other

Risk Reduction Plan

- Assess and discuss risk factors for HIV/HCV infection.
- Assess client's intention to modify risky behaviors.
- Explain purpose of a risk reduction plan.
- Confirm with client plan is realistic and feasible.
- Identify and discuss previous prevention failures.
- Discuss barriers to safer behavior.
- Reinforce and support positive prevention choices.
- Safer goal behaviors and action plan given to client.
- Monogamous Relationship
- Limiting Sexual Partners
- Consistent Usage of Condoms
- Avoid Sharing Needles/Drug Paraphernalia
- Cleaning of Injection Supplies with Bleach
- Demonstration of Condom Usage
- Use of Condoms/Dental Dams for Oral Sex
- Condoms Offered
- Avoid drugs and alcohol (HCV – Support Liver Health)

Test Result

HIV Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive	Date:
HCV Test Result <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive	Date:
STD Test Results Chlamydia <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive Gonorrhea <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive Syphilis <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive	Date:
Copy of test results given to client? <input type="checkbox"/> Yes Date Given _____ <input type="checkbox"/> No Why? _____	

Negative Test Results

<input type="checkbox"/> Explain the validity of a negative result. <input type="checkbox"/> Recommendation to re-test in 1 year, depending on risk. <input type="checkbox"/> Address any questions related to the test. <input type="checkbox"/> Review assessment of risk factors from pre-counseling.	<input type="checkbox"/> Review strategies for risk reduction. <input type="checkbox"/> Review resources for support, treatment, & counseling. <input type="checkbox"/> Provide referrals if necessary.
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If the rapid test is reactive, please submit a confirmatory test to the North Dakota Public Health Laboratory Division of Laboratory Services. Please contact NDDoH with rapid positive result immediately.

HIV and/or HCV Confirmation Test

<input type="checkbox"/> Venipuncture Date Collected _____
<input type="checkbox"/> Scheduled return for results _____
<input type="checkbox"/> Notified the HIV.STD.Hepatitis Program of Positive Rapid Results Date _____ Personnel _____

Positive Test Results

<input type="checkbox"/> Assess client's readiness to receive results. <input type="checkbox"/> Explain the meaning and validity of a positive test. <input type="checkbox"/> Address any questions related to test results. <input type="checkbox"/> Client to notify sexual/drug contacts. <input type="checkbox"/> Review risk reduction plan. <input type="checkbox"/> Notified the HIV.STD.Hepatitis Program of Positive Confirmatory Results Date _____ Personnel _____	Provide appropriate referrals: <input type="checkbox"/> Medical evaluation with: _____ <input type="checkbox"/> TB Testing <input type="checkbox"/> STD Testing <input type="checkbox"/> Hepatitis Testing/Vaccination <input type="checkbox"/> Mental Health <input type="checkbox"/> Ryan White Program
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Counselor's Signature

_____ Name	_____ Date
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