HIV Adult Case Report Forms

* The purpose of filling out an Adult Case Report Form (ACRF) is to capture patient information as well as diagnostic information that will allow the case to be reported to the State.

The following information should be filled out on the form:

I. Health Department/ Reporting Facility
   a. Name, phone number, and the date the form is being completed.
   b. Physician's name, phone number, the name of the facility.

II. Patient Identification
   a. Their full name (last , middle, first)
   b. Address, phone number, and social security number
   c. Medical record number and lab accession numbers can be placed in the other box.

III. Patient Demographics
   a. Sex assigned at birth, country of birth, DOB, vital status, status, race and ethnicity.

IV. Patient History
   a. MSM, MSW, IDU, heterosexual indications, and the "has the patient" section.

V. Laboratory Data
   a. Any labs performed on the patient should be indicated here.
   b. Check the type of test, the result, and the date the sample was collected.

VI. Clinical
   a. Indicate whether any AIDS defining diseases or Opportunistic Infections (OIs) exist and the date that disease was documented.

VII. Treatment/Services Referrals
   a. Has the patient been informed, and type of insurance.
   b. If the patient is female, indicate if she is currently pregnant and if she has delivered live-born infants.

VIII. HIV Testing and Antiretroviral use
   a. The source that produced the information and the date.
   b. Has the patient been previously diagnosed, and the date of diagnosis.
   c. Has the patient ever had a negative HIV test, and the date.
   d. Have they ever taken any ARVS and which ones, and the date of first use and when they were last taken.

IX. Comments
   a. Please note if this patient is transferring care from another city or state or returning to care. Any additional information you would like to include or are not sure where it belongs, please put it in the comments section.