

Ryan White Part B HIV Medical Case Management Standard Client Intake Form

Client ID: _____ Case Manager: _____

Date: ____/____/____ Person Completing Form: _____

Demographics – Demographics screen in CAREWare

Legal first name: _____ Middle: _____

Legal last name: _____ Preferred name: _____

Date of birth: ____/____/____

Sex at birth: Male
 Female
 Intersexed

SSN: _____

HIV status:

HIV-positive, not AIDS Date of HIV diagnosis: ____/____/____

HIV-positive, AIDS status unknown

CDC-defined AIDS Date of AIDS diagnosis: ____/____/____

Transmission category: (check all that apply)

Male who has Sex with Male(s) Heterosexual contact Blood transfusion/blood products
 Injecting Drug Use Perinatal Transmission Other: Presumed heterosexual contact
 Hemophilia/Coagulation Disorder Undetermined/Unknown Other: _____

Ethnicity: (choose one)

Non-Hispanic
 Hispanic
 Mexican Mexican-American Chicano/a Puerto Rican Cuban Other Hispanic or Latino/a

Race: (check all that apply)

White
 Black or African-American
 American Indian or Alaska Native
 Asian
 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander
 Other

Other Demographics – Additional Info screen in CAREWare

Country of origin: _____ Subculture/tribe: _____