



HE/RR Administrative Form



Shade Circles Like This--> ● When writing letters or numbers, place one character in each box. Please print carefully and avoid the edges of the box. For letters, use only capitals. **PLEASE USE BLACK PEN ONLY**

Not Like This--> ⊗ ⊕

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Program ID:

Site ID:

Session:

- Session 2 Session 5
- Session 3 30 Day IDI or CRCS Follow Up
- Session 4 90 Day IDI or CRCS Follow Up
- Other, specify number:

Date: (mm/dd/yy)

Time of Encounter:

- AM
- PM

Intervention Type:

- Intervention Designed for Individuals (IDI)
- Comprehensive Risk Counseling Session (CRCS)
- Intervention Designed for Groups (IDG)

Length of Contact:

(minutes)

Complete this section if client is unaware of their status or wishes to be tested. Place a test lab sticker in the box if client tests today:

Testing Referral: (choose only one)

- Tested at encounter
- Referred for testing
- Declined/refused testing
- No testing referral



Place Test Lab Sticker #1 Below

First Name Initial:

Last Name Initial:

Gender Identity: (choose only one gender)

- Male
- Female
- Transgendered: M to F
- Transgendered: F to M
- Other

Date of Birth: (mm/dd/yy)

Residence Zip Code: