

Directions:

Use the following criteria to counsel the patient who is tested for the HIV antibody. Check off each item as they are discussed. Write NA beside any item that is inappropriate to the situation. The reverse side of this form will be utilized to document seronegative and inconclusive test results. **File in the patient's record, documenting in progress notes that counseling was completed.**

Explained in: (circle) English Spanish Other \_\_\_\_\_ (specific language)

PRE-TEST:

- \_\_\_\_\_ 1. Explain purpose of session.
- \_\_\_\_\_ 2. Explain confidentiality.
- \_\_\_\_\_ 3. Explain HIV antibody test.
  - \_\_\_\_\_ a. What AIDS is
  - \_\_\_\_\_ b. What the test is
  - \_\_\_\_\_ c. Test Procedure
  - \_\_\_\_\_ d. Meaning of test results
  - \_\_\_\_\_ e. Inability of detecting early infection (false negatives)
  - \_\_\_\_\_ f. Potential need for additional testing
  - \_\_\_\_\_ g. Significance of a positive test.
- \_\_\_\_\_ 4. List risk factors/clinical signs: (check all that apply)
  - \_\_\_\_\_ a. Injecting drug use, sharing drug or tattoo equipment
  - \_\_\_\_\_ b. Unprotected or multiplex sex partners
  - \_\_\_\_\_ c. Treated for: sexually transmitted infections, hepatitis, or TB
  - \_\_\_\_\_ d. Clinical s/s: fever or illness of unknown cause, symptoms of AIDS opportunistic infections.
  - \_\_\_\_\_ e. Exposure: recent occupational or non-occupational exposure/incident.
  - \_\_\_\_\_ f. Pregnant female
  - \_\_\_\_\_ g. Other:
- \_\_\_\_\_ 5. Obtain informed consent (when applicable)
- \_\_\_\_\_ 6. Risk Reduction Behaviors. Educational material given.
- \_\_\_\_\_ 7. Patient Reactions/Comments.
- \_\_\_\_\_ 8. Explain how the patient will be notified of the results.

The above information has explained to me in a language I can understand.

Signature of Inmate	Signature of Staff Counselor
Date:	

Inmate Name:
Register No.:
Institution

File in the Medical Record: Section 6.

HIV Post Counseling Documentation

Seronegative

- \_\_\_ 1. Explain purpose of session.
- \_\_\_ 2. Review confidentiality.
- \_\_\_ 3. Test Information
  - \_\_\_ a. Inform patient of negative test result.
  - \_\_\_ b. Explain purpose of test.
  - \_\_\_ c. Identify remaining risks.
  - \_\_\_ d. Explain inability of test to detect early infections.(false negatives)
- \_\_\_ 4. Explain risk reduction behaviors (high risk)
- \_\_\_ 5. Discuss follow-up testing (high risk)
- \_\_\_ 6. Give additional education material if requested.
- \_\_\_ 7. Patients Reactions/Level of Understanding/Comments

The above information has been explained to me in a language I can understand.

Signature of Inmate	Signature of Staff Counselor
Date:	

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**Inconclusive Test:** (neither seronegative or seropositive)

- \_\_\_ 1. Explain purpose of session.
- \_\_\_ 2. Confidentiality review.
- \_\_\_ 3. Test Information
  - \_\_\_ a. Inform patient of inconclusive test results.
  - \_\_\_ b. Explain meaning of test results.
  - \_\_\_ c. Identify remaining risks.
- \_\_\_ 4. Explain risk reduction behaviors.
- \_\_\_ 5. Discus when and how repeat testing will occur.
- \_\_\_ 6. Patients Reaction/Level of Understanding/Comments

The above information has been explain to me in a language I can understand.

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Date:	