

PEP & PrEP NAVIGATION CHECKLIST (FOR CAREWARE)

Rev 10-17-16

INTAKE DATE: ___/___/___ P Number: _____ Client URN: _____

F¹F³L¹L³MMDDYYG

CLIENT INFORMATION

Currently on PrEP? Yes No

Preferred Name: _____ (First name) _____ (Last name) Preferred Pronoun/s: _____

Legal Name: _____ (First name) _____ (Last name)

DOB: ___/___/___ Assigned Sex at Birth: Male Female Race: _____ Ethnicity: Latino Not Latino

Gender Identity: Male Female Transgender – (circle one) MtF / FtM Other: _____

Sexual Orientation (select all): Lesbian Gay Same Gender Loving Queer

Bisexual Straight/Heterosexual Don't Know Declined Other: _____

SELF-REPORTED RISK (in the past 6 months)

Condomless sex without PrEP

Partner living with HIV

Doesn't know partner's HIV status

Had an STD

No reported risk

Uses injection drugs

Partner uses injection drugs

Exchanges sex for money, food, housing

nPEP & PrEP NAVIGATION CHECKLIST

nPEP (Indicate N/A where applicable.)

Evaluated by nPEP provider Date/s: _____

Prescribed (initiated on) nPEP Date: _____

Provided adherence support for nPEP Date/s: _____

Completed nPEP 28-day regimen Date: _____

If no, specify reason for stopping nPEP: _____

PrEP (Indicate N/A where applicable.)

Navigation for insurance enrollment Date/s: _____

Enrolled in insurance Date: _____

If not enrolled, specify reason: _____

Assessed insurance for PrEP Date/s: _____

Navigation to PrEP provider Date/s: _____

Evaluated by a PrEP Provider Date: _____

If not evaluated, specify reason: _____

Linked internally for PrEP Date: _____ Provider: _____

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<input type="checkbox"/> Linked externally for PrEP	Date: _____	Provider: _____
<input type="checkbox"/> Prescribed (initiated on) PrEP	Date: _____	
If not prescribed, specify reason: _____		
<input type="checkbox"/> Applied for Prescription Support	Date/s: _____	
<input type="checkbox"/> Enrolled in Prescription Support	Date: _____	
If not enrolled, specify reason: _____		
<input type="checkbox"/> Provided adherence support for PrEP	Date/s: _____	
<input type="checkbox"/> Other: _____	Date/s: _____	

RISK REDUCTION INTERVENTIONS & NAVIGATION CHECKLIST

Provided/Linked to behavioral risk reduction counseling or intervention

IWES	<input type="checkbox"/> Community Promise		
CrescentCare	<input type="checkbox"/> MPowerment	<input type="checkbox"/> CLEAR	<input type="checkbox"/> Couples HIV Counseling/Testing
	<input type="checkbox"/> Every Dose/Every Day	<input type="checkbox"/> Linkage to Care	
Brotherhood	<input type="checkbox"/> Many Men Many Voices (3MV)	<input type="checkbox"/> Safe in the City	
	<input type="checkbox"/> CLEAR	<input type="checkbox"/> SUSTA t SISTA	