

Preferred Name: _____

Counselor Number: _____

Legal Name: _____

DOB: _____

Today's Date: _____

Preferred Pronouns:

He/Him/His

She/Her/Hers

Other: _____

Sexual Orientation (select all):

Lesbian

Gay

Same Gender Loving

Queer

Bisexual

Straight/Heterosexual

Don't Know

Declined

Other: _____

Section I. nPEP & PrEP Assessment

1. Is the client eligible for nPEP (Exposure less than 72 hours ago)? Yes No

a. If yes, was the client referred to nPEP services? Yes No

b. If referred, indicate the provider: _____

2. Did the counselor explain/discuss PrEP with the client? Yes No

3. Did the client have knowledge of PrEP prior to today? Yes No

a. If yes, is the client currently taking PrEP? Yes No

b. If yes (to 3.), how did the client hear about PrEP? (select all)

Doctor or healthcare provider

PrEP/Peer Navigator

TV, radio or billboard (circle all that apply)

Friend or family

Sex partner

Community or outreach event

HIV/STD testing encounter

Social media/online (please indicate) _____

Other: _____

None of the above

4. Is the client interested in PrEP? Yes No

a. If yes, is the client interested in PrEP navigation services? Yes No Not Sure

b. If not sure, is it okay if a navigator follows up with you? Yes No

c. If yes (to 4a. or 4b.), where is the client referred for PrEP navigation?

Brotherhood

CrescentCare

Priority Health Care

Tulane

Other: _____

d. If client declined navigation, indicate the PrEP provider to which they were referred: _____

Section II. Behavioral/Social Services Assessment

1. Please indicate which, if any, services the client is interested in accessing Not interested in any service

Mental Health

Substance Abuse

Housing

Insurance

Job Placement

Medical Case Management

Other: _____

a. Is the client interested in navigation services? Yes No Not Sure

b. If not sure, is it okay if a navigator follows up with you? Yes No

Section III. Insurance Information

1. Does the client have health insurance? Yes No

2. If yes, indicate which type:

Medicaid

Medicare

Private Insurance (through Employer/Parents/Marketplace)

If the client is interested in any navigation services, what is their preferred method of contact?

Call/Voicemail: _____ Text: _____ Email: _____

Client Signature: _____

Date: _____

By signing this document, client gives agency authorization to conduct follow-up regarding navigation services indicated above. Additionally, client authorizes entry of their information into a secure database shared among partner agencies, including the Office of Public Health, Brotherhood, CrescentCare, Priority Health Care, and Tulane Drop-in Center.

Counselor Comments/Notes: