

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients ≥ 13 years of age at time of diagnosis)

I. This is for Health Department use. Uniquely identifying information is not transmitted to the Centers for Disease Control and Prevention.

Patient's name (last, first, MI) Telephone number Social Security Number
Address (number, street) City County State ZIP code

Date form completed Report status II. Health Department Use Only
Report source Reporting health department State patient number City/county patient number
Soundex code Date of birth Gender CLIA number Lab report/Accession number *Confidential C&T number

III. Demographic Information
Diagnosis status at report (check one) Age at Diagnosis Current status Date of death State/Territory of death
ETHNICITY RACE
Expanded race (specify):
Check if HIV infection is presumed to have been acquired outside United States and Territories. Specify country:
Residence at first diagnosis of HIV or AIDS: Homeless (Must use city/county/ZIP code of local health department (LHD) or facility of diagnosis.)

IV. Facility of Diagnosis
Facility name City State/Country
Facility setting (check one) Facility type (check one)
1 Public 3 Federal 01 Physician, HMO 29 Community Health Center 31 Hospital, inpatient 88 Other (specify):
2 Private 9 Unknown 22 Counseling and Testing Site 30 Correctional Facility 32 Hospital, outpatient 99 Unknown

V. Patient Risk History (Check all that apply.)
Sex with a male... Yes No Unknown
Sex with a female... Yes No Unknown
Injected nonprescription drugs... Yes No Unknown
HETEROSEXUAL relations with any of the following:
Intravenous/injection drug user... Yes No Unknown
Bisexual male... Yes No Unknown
Person with hemophilia/coagulation disorder... Yes No Unknown
Transfusion recipient with documented HIV infection... Yes No Unknown
Transplant recipient with documented HIV infection... Yes No Unknown
Person with AIDS or documented HIV infection, risk not specified... Yes No Unknown
Received clotting factor for hemophilia/coagulation disorder... Yes No Unknown
Received transfusion of blood/components (other than clotting factor)... Yes No Unknown
Received transplant of tissue/organs or artificial insemination... Yes No Unknown
Worked in a health care or clinical laboratory setting... Yes No Unknown
Perinatally-acquired HIV infection regardless of year of birth... Yes No Unknown
Other (specify)...

VI. Laboratory Data (Indicate first documented test(s).)
A. HIV Antibody Test at Initial HIV/AIDS Diagnosis
B. Positive HIV Detection Test (Record earliest test.)
C. HIV Viral Load Test (Record earliest test.)
D. Immunologic Lab Tests - At or closest to current diagnostic status

