REFERRAL FOLLOW-UP FORM

INTERVENTION □ **MPowerment** □ **Wellness Center**
□ **Outreach** □ **CTRS / HIV SCREENING**
□ **SGS** □ **HIV Partner Services**
† **Risk Mgmt** □ **Other**_____

_____
Referring Agency

Affix CT sticker or write P number

Client Name:	**Client Phone:**	**Client UIN:** _____ **F[1]F[3]L[1]L[3]MMDDYYYYG ****

	Referral # 1 ____/____/____ _____ **Date issued** **Worker #**	**Referral # 2** ____/____/____ _____ **Date issued** **Worker #**	**Referral # 3** ____/____/____ _____ **Date issued** **Worker #**
Referral Type Code			
Receiving Agency Name, Phone/FAX			
Follow-Up Attempts	**Referral # 1**	**Referral # 2**	**Referral # 3**
1st Attempt	**Date** / **Worker #**	**Date** / **Worker #**	**Date** / **Worker #**
	Verify / **Outcome**	**Verify** / **Outcome**	**Verify** / **Outcome**
2nd Attempt	**Date** / **Worker #**	**Date** / **Worker #**	**Date** / **Worker #**
	Verify / **Outcome**	**Verify** / **Outcome**	**Verify** / **Outcome**
3rd Attempt	**Date** / **Worker #**	**Date** / **Worker #**	**Date** / **Worker #**
	Verify / **Outcome**	**Verify** / **Outcome**	**Verify** / **Outcome**
Comments			
Referral Closing*	____/____/_____ _____ **Date** **Final Outcome**	____/____/_____ _____ **Date** **Final Outcome**	____/____/_____ _____ **Date** **Final Outcome**

Verify Codes

V1	**Client – Phone contact**
V2	**Client – In-person contact**
V3	**Receiving Agency contact**
V4	**Client – Other contact (email)**

Outcome Codes

O1	**Pending**
O2	**Confirmed – accessed (attended first appt.)**
O3	**Confirmed – did not access**
O4	**Lost to follow-up**
O5	**No follow up**

If client is HIV+ and a referral to medical care was not made, please indicate reason:

- ☐ **Client already in care**
- ☐ **Client declined care**
- ☐ **Other: _____**

**** Client UIN Code:**
F1: First letter of first name
F3: Third letter of first name
L1: First letter of last name
L3: Third letter of last name
MMDDYYYY: Birthdate
G: Gender (1-male, 2-female, 3-transgender)

*All referrals should be closed as **Lost to Follow-up** after 60 days if there is no confirmation by client or agency that client accessed the service.

Keep a copy of this form on file in your office and mail in the original.