REFERRAL TO PUBLIC HEALTH:
HIV CARE ENGAGEMENT REQUEST FORM

Manitoba
Health Seniors and Long-Term Care

NEW REFERRAL DATE ☐ _____ (YYYY-MM-DD) **UPDATED REFERRAL** ☐ _____ (YYYY-MM-DD)

CLIENT IDENTIFICATION

LAST NAME	FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)

SEX
☐ FEMALE ☐ INTERSEX
☐ MALE ☐ UNKNOWN

GENDER IDENTITY (VOLUNTARY, SELF-REPORTED)
☐ CISGENDER (SAME AS SEX AT BIRTH) ☐ TRANSGENDER PERSON ☐ DECLINED
☐ TRANSGENDER MAN ☐ TRANSGENDER WOMAN ☐ OTHER (SPECIFY) _____

MANITOBA FAMILY REGISTRATION NUMBER (MFRN) 6 DIGITS | UPPERCASE ALPHANUMERIC	PERSONAL HEALTH IDENTIFICATION NUMBER (PHIN) 9 DIGITS	ALTERNATE ID SPECIFY TYPE OF ID

LAST KNOWN ADDRESS ➔ ☐ **ADDRESS IN FIRST NATION COMMUNITY**

CITY/TOWN/VILLAGE

PROVINCE/TERRITORY	POSTAL CODE (A#A #A#)	PHONE NUMBER (### - ### - ####)

ALTERNATE IDENTIFYING OR LOCATION INFORMATION (IF ANY. E.G. ALTERNATE NAME, SOCIAL MEDIA, ALTERNATE ADDRESS)

PREGNANCY

IS CLIENT PREGNANT? ☐ YES **ESTIMATED OR EXPECTED DELIVERY DATE:** YYYY-MM-DD _____ ☐ NO ☐ UNKNOWN

REASON FOR REFERRAL

☐ **CLIENT IS PREGNANT AND NOT ON ANTIRETROVIRAL TREATMENT (ART)**

☐ **CLIENT HAS NOT RECEIVED HIV CARE IN > 12 MONTHS**
DATE OF REFERRAL TO PATHS: YYYY-MM-DD _____ **OR**
☐ **HAS BEEN REFERRED TO PATHS PROGRAM BUT IS ON WAITLIST FOR SERVICE**
☐ **PATHS NOT AVAILABLE IN CLIENT'S REGION**

☐ **CLIENT IS UNABLE TO BE LOCATED BY MANITOBA HIV PROGRAM (MBHIVP), SEEKING PUBLIC HEALTH SUPPORT TO LOCATE**

☐ **OTHER**

☐ **NON-DISCLOSURE AND EXPOSURE CONCERN** *PROVIDE HISTORY OF CLIENT COUNSELLING REGARDING HIV TRANSMISSION, EVIDENCE THAT CLIENT DID NOT DISCLOSE HIV STATUS TO A CONTACT (E.G., DOCUMENTED CLIENT STATEMENTS, DOCUMENTED STATEMENTS OF CONTACTS, POSITIVE STBBI TESTS) INCLUDING DATES. ANY IMPORTANT CONTEXTUAL INFORMATION (E.G. RISK FOR INTIMATE PARTNER VIOLENCE, INVOLVEMENT IN ANONYMOUS SEX VENUES, TRANSACTIONAL SEX).*

CLIENT HISTORY

DATE OF HIV DIAGNOSIS YYYY-MM-DD	DATE OF LAST HIV CLINICAL CARE YYYY-MM-DD _____ SEEN BY (PROVIDER NAME): _____
LAST VIRAL LOAD YYYY-MM-DD VALUE	LAST ABSOLUTE CD4 COUNT YYYY-MM-DD VALUE
LAST RECORD OF ART DISPENSED YYYY-MM-DD	LAST ATTEMPT TO CONTACT (DATE AND OUTCOME)

CONFIDENTIAL – WHEN COMPLETED

PHYSICAL DESCRIPTION	DESCRIBE: (APPROXIMATE HEIGHT, WEIGHT/BUILD, SKIN/HAIR/EYE COLOUR/TONE, DISTINGUISHING FEATURES E.G. GLASSES, TATTOOS, FACIAL HAIR)
PSYCHOSOCIAL ISSUES	☐ UNSTABLE HOUSING ☐ MENTAL HEALTH OR SUBSTANCE USE ISSUES (DESCRIBE) ☐ KNOWN SAFETY CONCERNS (DESCRIBE) ☐ OTHER HEALTH ISSUES (DESCRIBE)
OTHER SERVICES OR SUPPORTS ACCESSED BY THE CLIENT	☐ HARM REDUCTION ☐ HOUSING/SHELTER ☐ INCOME/SOCIAL SUPPORT ☐ FOOD SECURITY ☐ OUTREACH ☐ ABILITY SERVICES ☐ MENTAL HEALTH SUPPORT ☐ OTHER PROVIDE LOCATION(S) OR PROVIDER NAMES/CONTACT INFO IF AVAILABLE:

REFERRED BY

FORM COMPLETED BY (PRINT NAME):	
CLIENT PHYSICIAN OR NURSE PRACTITIONER NAME(S):	**CASE MANAGER OR PRIMARY NURSE NAME:**
MB HIV PROGRAM SITE OF CARE:	
PROVIDER PHONE NUMBER:	**FAX NUMBER:**

INSTRUCTIONS

THIS FORM IS INTENDED FOR USE BY MANITOBA HIV CARE PROVIDERS (MBHIVP OR PRIMARY CARE PROVIDER MANAGING HIV CARE). THE CLIENT MUST BE A RESIDENT (OR RESIDING) IN MANITOBA.

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO ASSIST PUBLIC HEALTH TO LOCATE OR IDENTIFY THE INDIVIDUAL. ATTACH A COVER SHEET AND SUBMIT THIS FORM BY SECURED FAX TO THE APPROPRIATE REGIONAL PUBLIC HEATLH OFFICE:

☐ WINNIPEG REGIONAL HEALTH AUTHORITY HSHR TEAM (ATTN: CD COORDINATOR): 204-940-2007
☐ PRAIRIE MOUNTAIN HEALTH (ATTN- STBBI COORDINATORS): 204-759- 4033
☐ INTERLAKE-EASTERN RHA (ATTN: CD COORDINATOR): 204-467-4783
☐ NORTHERN HEALTH REGION (ATTN STBBI PROGRAM): 204-778-1741
☐ SOUTHERN HEALTH – SANTÉ SUD (ATTN CD COORDINATOR): 204-428-2734

THIS FORM IS AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT:
HTTP://WWW.GOV.MB.CA/HEALTH/PUBLICHEALTH/SURVEILLANCE/FORMS.HTML

REGIONAL PUBLIC HEALTH TEAMS: ON RECIEPT OF FORM, PLEASE SCAN AND ADD AS A CONTEXT DOCUMENT TO THE RELEVANT CASE INVESTIGATION IN PHIMS. ADD INTERVENTION: *PUBLIC HEALTH SUPPORT TO ENGAGE WITH CARE* WITH START DATE = DATE REFERRAL RECEIVED, OUTCOME = PENDING, UNTIL CONNECTION TO CARE ESTABLISHED OR EFFORTS DISCONTINUED.