Columbia Gay Health Advocacy Project — Counseling Record

Counselor __________________________ Date of Session ____________ ____________ ____________

Client Information Section

Sex M F Age ______

Country of Origin __________________________

Affiliation (If CC, BC, or SUM, record:

- ARCH (Architecture)
- ARTS (School of the Arts)
- BC (Barnard College)
- BUS (Business School)
- CC (Columbia College)
- DENT (Dental School)
- FAC (Faculty Member)
- GS (General Studies)
- GSAS (Grad. School of Arts & Sciences)
- JSCH (Journalism School)
- JTS (Jewish Theological Seminary)
- LAW (Law School)
- LIB (Library Science)
- OTHER (specify in written notes)

- MED (Medical School)
- NURS (Nursing School)
- OFF (Officer, i.e. Professional Staff)
- OTS (Occupational Therapy School)
- PTS (Physical Therapy School)
- SEAS (School of Engineering & Applied Science)
- SiPA (School of International and Political Affairs)
- SPH (School of Public Health)
- SSW (School of Social Work)
- STAF (Non-professional staff)
- SUM (Summer Student)
- TC (Teacher's College)
- UTS (Union Theological Seminary)
- NONE

Source of Referral

- Health Service (Specify Provider: __________________________ )
- Word-of-mouth
- Pamphlet
- CGHAP Ad
- Other (specify)

Reason for Visit

- Wants Information or Worried
- Wants HIV Antibody Testing (fill out testing section if so)
- Other (specify in written notes)

Client's Sexual Orientation (Kinsey Number)

- Exclusively heterosexual
- Mostly heterosexual but more than incidentally homosexual
- Mostly homosexual but more than incidentally heterosexual
- Exclusively homosexual

0 1 2 3 4 5 6

Mostly heterosexual and only incidentally homosexual
Equally heterosexual and homosexual
Mostly homosexual and only incidentally heterosexual
Sexual Contact Information Section

Risky sexual activity since 1977 (list highest risk activities first)

When listing sexual activities, be sure to specify whether intercourse was insertive or receptive,
was continued to ejaculation within the body, and whether or not condoms were used.
When listing the risk factors of partners, use the following categories where applicable:

- HIV (Person known to be HIV-infected)
- IVDA (Intravenous drug abuser)
- GAY (Homosexual or bisexual man)
- H/CA (Haitian or central African person)
- PRO (Prostitute)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Partner's Risk</th>
<th>Geo. Location</th>
<th>Dates</th>
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Client currently practicing risk reduction?

- [ ] Yes (specify starting date)  
  Month: [ ] Day: [ ] Year: [ ]
- [ ] No (identify obstacles in written notes)
- [ ] Not applicable (specify reason in written notes)
### Risk Factors for HIV Infection

#### Actual Risk Factors
- [ ] IVDA
- [ ] Blood/tissue rec't (dates in notes)
- [ ] Hemophilia/coag'n disorder
- [ ] Sexual contact
  (see sexual contact section)
- [ ] Other risk factor not given above (specify in written notes)
- [ ] No actual risk factors

#### Perceived Risk Factors
- [ ] IVDA
- [ ] Blood/tissue rec't
- [ ] Hemophilia/coag'n disorder
- [ ] Sexual contact
  - True risk
  - Questionable or low risk
  - No risk
- [ ] Casual contact
  (specify in written notes)
- [ ] No perceived risk factors

### HIV Antibody Test Section
- [ ] Client is contemplating pregnancy
- [ ] Counselor believes costs outweigh benefits
- [ ] Counselor believes benefits outweigh costs
- [ ] Counselor believes costs and benefits are roughly equal
- [ ] Client decided for testing
- [ ] Client decided against testing
- [ ] Client undecided
- [ ] Further discussion planned

**Date of most recent risky sexual contact**

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<th>Month</th>
<th>Day</th>
<th>Year</th>
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### Hepatitis B Section
- [ ] Client has had Hepatitis B
- [ ] Client has already been vaccinated
- [ ] Counselor recommended vaccination
Anxiety Evaluation Section

- Feelings of depression
- Feelings of anxiety
- Sleep disturbances
- Panic attacks
- Physical symptoms of anxiety or depression
- Preoccupation with illness or symptoms
- Interference with social life
- Interference with work or school
- Other (describe in written notes)

Psychological Referral by Counselor

YN

Section below for office use only

Session ID Number

☐ MHD referral
☐ Counseling referral
☐ Further MHD or Counseling outcome
Follow-up or other notes