

Columbia Gay Health Advocacy Project — Counseling Record

Counselor Date of Session

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client Information Section

Sex F M Age Country of Origin

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

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|---|---|
| <input type="checkbox"/> ARCH (Architecture) | <input type="checkbox"/> MED (Medical School) |
| <input type="checkbox"/> ARTS (School of the Arts) | <input type="checkbox"/> NURS (Nursing School) |
| <input type="checkbox"/> BC (Barnard College) | <input type="checkbox"/> OFF (Officer, i.e. Professional Staff) |
| <input type="checkbox"/> BUS (Business School) | <input type="checkbox"/> OTS (Occupational Therapy School) |
| <input type="checkbox"/> CC (Columbia College) | <input type="checkbox"/> PTS (Physical Therapy School) |
| <input type="checkbox"/> DENT (Dental School) | <input type="checkbox"/> SEAS (School of Engineering & Applied Science) |
| <input type="checkbox"/> FAC (Faculty Member) | <input type="checkbox"/> SIPA (School of International and Political Affairs) |
| <input type="checkbox"/> GS (General Studies) | <input type="checkbox"/> SPH (School of Public Health) |
| <input type="checkbox"/> GSAS (Grad. School of Arts & Sciences) | <input type="checkbox"/> SSW (School of Social Work) |
| <input type="checkbox"/> JSCH (Journalism School) | <input type="checkbox"/> STAF (Non-professional staff) |
| <input type="checkbox"/> JTS (Jewish Theological Seminary) | <input type="checkbox"/> SUM (Summer Student) |
| <input type="checkbox"/> LAW (Law School) | <input type="checkbox"/> TC (Teacher's College) |
| <input type="checkbox"/> LIB (Library Science) | <input type="checkbox"/> UTS (Union Theological Seminary) |
| <input type="checkbox"/> OTHER (specify in written notes) | <input type="checkbox"/> NONE |

Source of Referral

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

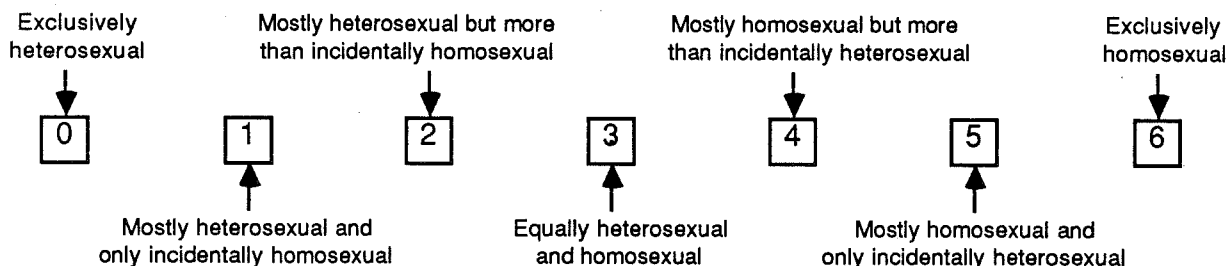
 Health Service (Specify Provider: _____)
 Word-of-mouth
 Pamphlet
 CGHAP Ad
 Other (specify) _____

Reason for Visit

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 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)



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)

<u>Activity</u>	<u>Frequency</u>	<u>Partner's Risk</u>	<u>Geo. Location</u>	<u>Dates</u>
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Client currently practicing risk reduction?

<input type="checkbox"/>	Yes (specify starting date)	Month	Day	Year
<input type="checkbox"/>	No (identify obstacles in written notes)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	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

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Y	N
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Section below for office use only

Session ID Number

MHD referral _____

Counseling referral _____

Further MHD or Counseling outcome _____

Follow-up or other notes _____
