

STATE NO:

Office Use Only



District of Columbia Department of Health
HIV and Pregnancy Reporting Form

Date: **Patient Information**

Last Name	First Name	MI
Address		
City	State	Zip Code
Phone Number ()	DOB	Date of Preg Diagnosis:
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		

Linkage to Care

Is the patient engaged in obstetrical care? <input type="checkbox"/> Yes <input type="checkbox"/> No	EDD:
Is the patient engaged in HIV care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of HIV Diagnosis:
Is the patient currently on antiretrovirals (ARVs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what medications?	

Provider Information

Provider Name:		
Hospital/Facility Name:		
Facility Address:		
City	State	Zip Code
Phone number ()	Fax number ()	
Person completing form (if different from provider)		

Do you suspect problems with any of the following in your patient (check all that apply):

- Med Adherence Substance Abuse Mental Health Risk of/History of falling out of care None

Are you concerned about any of the following in your patient (check all that apply):

- Housing Nutrition/Food assistance Transportation None

Cases of pregnancy in HIV infected women are reportable to the District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration, Strategic Information Division, and only that program.

All cases are to be reported by name. For assistance please call the Strategic Information Bureau at (202) 671-4900 or visit our website at <http://doh.dc.gov>

Fax completed forms to (202) 741-8720 OR

Mail completed reports in a doubled sealed envelope marked "**CONFIDENTIAL**" to:

CONFIDENTIAL MAILING ADDRESS:

Department of Health

Box 19

899 North Capitol Street, NE

Washington, DC 20002