



FAX this form to: Clinical Prevention Services at 604 707-5604

CONFIDENTIAL when completed

A. CLIENT INFORMATION

Name
Last First Middle

Alternate Name(s) Date of Birth YYYY/MM/DD PHN

Home Address City Postal Code Province

HIV and AIDS affect individuals in some communities more than others. Understanding how HIV and AIDS affect gender, age, those born in or outside of Canada, and/or different ethnic/racial communities can guide where programs and services would be most helpful.

Which ethnicity/race does client self-identify with? (check ALL that apply)

- White Black Chinese South Asian Southeast Asian
- West Asian or Arab Korean Japanese Filipino Latin American
- Other/Mixed race Asked but unknown Asked not provided

Does client self-identify as an Indigenous person? Yes No Asked but unknown Asked not provided

If client identifies as an Indigenous person, is client (check all that apply) First Nations Inuit Métis Asked but unknown Asked not provided

Is client registered under the *Indian Act* of Canada (i.e., a Status Indian)? Yes No Asked but unknown Asked not provided

If client identifies as a First Nations person, does client live on a reserve? Yes No Asked but unknown Asked not provided

If client does live on a reserve, which Community does client live in? _____ Name of client's First Nations Health Service organization _____

Does client identify as Two-Spirit? Yes No Asked but unknown Asked not provided

What gender does client identify with? (check ALL that apply)

- Man Woman Transgender Non-binary Unsure/Questioning
- My gender is: _____ Prefer not to answer

What sex is listed on client's BC Services Card or CareCard? Male Female X

B. DISEASES INDICATIVE OF AIDS

* Disease may be diagnosed presumptively, otherwise definitive diagnosis is required.

Disease	Dx Date	Disease	Dx Date	Disease	Dx Date
Bacterial pneumonia*, recurrent	YYYY / MM	Encephalopathy, HIV related (dementia)	YYYY / MM	<i>Mycobacterium</i> of other species* or unidentified species*	YYYY / MM
Candidiasis of bronchi, trachea or lungs	YYYY / MM	Herpes simplex: chronic ulcer(s) (> 1 month duration) or bronchitis, pneumonitis or esophagitis	YYYY / MM	<i>M. tuberculosis</i> , disseminated or extrapulmonary	YYYY / MM
Candidiasis of esophagus*	YYYY / MM	Histoplasmosis, disseminated or extrapulmonary	YYYY / MM	<i>M. tuberculosis</i> , pulmonary*	YYYY / MM
Cervical cancer, invasive	YYYY / MM	Isosporiasis, chronic intestinal (> 1 month duration)	YYYY / MM	<i>Pneumocystis jirovecii</i> pneumonia* (formerly <i>Pneumocystis carinii</i> pneumonia)	YYYY / MM
Coccidioidomycosis, disseminated or extrapulmonary	YYYY / MM	Kaposi's sarcoma*	YYYY / MM	Progressive multifocal leukoencephalopathy	YYYY / MM
Cryptococcosis, extrapulmonary	YYYY / MM	Lymphoma, Burkitt's (or equivalent term)	YYYY / MM	Salmonella septicemia, recurrent	YYYY / MM
Cryptosporidiosis, chronic intestinal (> 1 month duration)	YYYY / MM	Lymphoma, immunoblastic (or equivalent term)	YYYY / MM	Toxoplasmosis of brain*	YYYY / MM
Cytomegalovirus disease (other than in liver, spleen or nodes)	YYYY / MM	Lymphoma, primary in brain	YYYY / MM	Wasting syndrome due to HIV	YYYY / MM
Cytomegalovirus retinitis* (with loss of vision)	YYYY / MM	<i>Mycobacterium avium</i> complex* or <i>M. kansasii</i> *, disseminated or extrapulmonary	YYYY / MM		

Diseases indicative of AIDS that apply only to pediatric cases (< 15 years old)	Dx Date
Bacterial infections, multiple or recurrent (excluding recurrent bacterial pneumonia)	YYYY / MM
Lymphoid interstitial pneumonia* and/or pulmonary lymphoid hyperplasia*	YYYY / MM



C. PHYSICIAN / AGENCY / CLINIC		
Name of Physician / Clinic or Agency		Phone
Address	City	Postal Code

D. RISK FACTORS & EXPOSURE INFORMATION		
What are the possible risk factors of HIV acquisition for this client? (check ALL that apply)		
Gender of sexual partner(s) <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown	Substance use <input type="checkbox"/> Shared injection drug using equipment <i>(e.g., needles, syringes, cookers, cotton)</i> <input type="checkbox"/> Shared inhalation drug using equipment <i>(e.g., pipes, straws, rolled-up bills)</i>	Other risks <input type="checkbox"/> Transactional sex or sex work <input type="checkbox"/> Mother to child (vertical) transmission <input type="checkbox"/> Received blood or blood products <i>year received</i> _____ <i>specify country</i> _____ <input type="checkbox"/> Occupationally exposed to HIV contaminated blood or body fluids <input type="checkbox"/> Tattoo, body piercing or acupuncture <input type="checkbox"/> Medical exposure <i>(e.g., surgery, dental, organ/tissue transplant)</i> <input type="checkbox"/> No identified risk <input type="checkbox"/> Other, specify _____

E. NOTES

F. PERSON REPORTING		
Name	Phone	Email
Health Authority <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> VIHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH <input type="checkbox"/> FNHA		Date form completed YYYY/MM/DD



HIV and AIDS are listed as reportable communicable diseases in the *Communicable Disease Regulation (Schedule A)* of the *Public Health Act*

Acquired Immune Deficiency Syndrome (AIDS) – Case Definition

One or more of the specified indicator diseases listed in section B (Disease Indicative of AIDS) and meets the case definition for HIV infection

Human Immunodeficiency Virus (HIV) – Case Definition

For adults, adolescents & children ≥ 18 months:

- detection of HIV antibody by screening test (i.e., ELISA or point of care HIV test) followed by positive confirmatory test (i.e., Western blot, Immunoblot or nucleic acid amplification test); **OR**
- detection of HIV nucleic acid (RNA or DNA; detectable viral load); **OR**
- detection of p24 antigen with confirmation by neutralization assay; **OR**
- isolation of HIV in culture.

For children < 18 months:

- detection of HIV DNA by nucleic acid amplification testing on two separate samples collected at different times [1].

Note:

1. For determination of the timing for HIV testing for clinical diagnosis of HIV infection in children < 18 months of age, please refer to the appropriate clinical guidelines.

Indigenous Identity – Definitions

First Nations: Officially called Indians in the *Indian Act*, this term refers to the indigenous peoples of North America located in what is now Canada, and their descendants, who are not Inuit or Métis. For the purposes of Indigenous identification within BC, the term “First Nations” is the generally preferred term in place of “Indian” and includes both status and non-status First Nations.

Métis: Métis means a person who self-identifies as Métis, is of historic Métis Nation Ancestry, is distinct from other Indigenous peoples and is accepted by the Métis Nation. Métis people identify themselves, and are recognized, as distinct from First Nations (Indian), Inuit or European descendants. The distinct Métis culture arose after contact with the first European explorers/settlers but prior to colonialism.

Inuit: The Inuit are Indigenous inhabitants of the North American Arctic. They are united by a common cultural heritage and a common language. Formerly, the Inuit were referred to as “Eskimo.” Now they prefer their own term, “Inuit,” meaning simply “people.”

Ethnicity / Race – Descriptions

White	e.g., Irish, Scottish, English, Portuguese, Italian, Russian
Black	e.g., African, Haitian, Jamaican, Somali, Nigerian
Chinese	e.g., Chinese, Taiwanese
South Asian	e.g., East Indian, Pakistani, Sri Lankan, Punjabi, Bangladeshi
Southeast Asian	e.g., Vietnamese, Cambodian, Indonesian, Laotian
West Asian	e.g., Afghan, Assyrian, Iranian
Arab	e.g., Egyptian, Moroccan, Lebanese, Kuwaiti, Libyan
Korean	e.g., Korean only
Japanese	e.g., Japanese only
Filipino	e.g., Filipino only
Latin American	e.g., Mexican, Central/South American
Other	e.g., Use this classification when ethnicity is known but does not appear on list or in cases of dual ethnicity
Unknown	e.g., Use this classification if health care practitioner did not record ethnicity
Declined to answer	e.g., Use this classification if case declined to state self-identified ethnicity