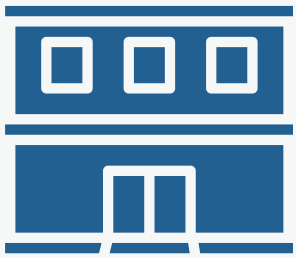
Adult HIV/AIDS Case Report Form

Form Navigation: Identifying Key Sections for Completion

The purpose of filling out an Adult HIV/AIDS Case Report Form (ACRF) is to capture patient information as well as diagnostic information that will allow the case to be reported to the State. The following information should be filled out on the form:

Health Department/Reporting Facility Information



- Name of Person Completing Form
- Person's Phone Number
- Date Form Completed
- Reporting Health Department - City/County
- Physician's Name
- Physician's Phone Number
- Hospital/Facility Name

Patient Identification

- Patient's First, Middle & Last Name
- ***If Applicable: Alternate Name Type – Last, Middle, First Name***
- Address Type
- Current Address
- Phone Number
- Social Security Number
- Other ID Type #1: Medical Record Number

Patient Demographics

- Sex Assigned at Birth
- Country of Birth
- Date of Birth
- Vital Status
- ***If Applicable: Date of Death & State of Death***
- Status: HIV or AIDS
- Current Gender Identity, Date Identified
- Ethnicity/Race

Residence at Diagnosis

- Address Type
- Address of Residence at HIV Diagnosis
- Address of Residence at AIDS Diagnosis

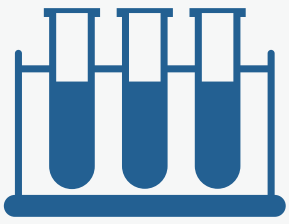
Facility at Diagnosis

- Diagnosis Type
- Facility Name
- Phone Number
- Address
- Facility Type

Patient History

- Sex with Male
- Sex with Female
- Injected Non-Prescription Drugs
- If the patient is heterosexual, please fill out the section titled: “Heterosexual relations with any of the following **AND** Has the Patient”

Laboratory Data



Any labs performed on the patient should be indicated in this section. Please ensure a reactive confirmatory test is listed.

- Check the Type of Test
- Result
- Collection Date

Clinical

- Indicate whether any AIDS defining diseases or Opportunistic Infections (OIs) exist and the Date that Disease was documented.

Treatment/Services Referrals

- Has This Patient been Informed of His/Her HIV Infection?
- Patient's Medical Treatment is Primarily Reimbursed by
- **For Female Patient:** Is This Patient Currently Pregnant and has this Patient Delivered Live-Born Infants?

HIV Testing and Antiretroviral Use History (TTH)

- Main Source of Testing and Treatment History Information
- Date Patient Reported Information
- Ever Had a Positive HIV Test & Date of First Positive HIV Test
- Ever Had a Negative HIV Test & Date of Last Negative HIV Test
- Ever Taken Any Antiretrovirals (ARVs), If Yes - What ARV Medications & Date ARVs First Taken

Comments and Local/Optional Fields

- Sexual Orientation & Date Identified
- Specify if Person is Transferring Care from Another City, State, or Country
- Additional Notes

Reporting

HIV related information cannot be sent via fax or email. Please mail or call to report a case.

When mailing an Adult Case Report Form, secure the mail by using double envelopes with the inside envelope clearly marked “Confidential”, the terms HIV or AIDS should NOT be included in the mailing address, and use a traceable mail carrier such as FedEx.

Long Beach Department of Health and Human Services
Epidemiology Program
2525 Grand Ave. Suite 229 Long Beach, CA. 90815

The HIV/STI Surveillance Resource Line
562-570-4321