STATE OF COLORADO

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

www.colorado.gov/cdphe

Colorado Department of Public Health and Environment

LTC*CRCS REFERRAL FORM

Name (Last): _____ (First):_____ AKA: _____

DOB: _____ Race: _____ Gender: M / F / T

Address: _____ City: _____ Phone/s: _____

Date of Diagnosis: _____Risk: ☐ MSM ☐ IDU ☐ NIR ☐ Other_____

Referral Date: _____ Name of Agency/Provider: _____

Linkage To Care Referral

Is client currently in care (last 12 months)?

☐ **Yes**:
Provider: _____
Date of last medical appointment: _____
☐ **No:** Please Continue

Did the client accept LTC referral?

☐**No:** Client declined LTC referral at this time:
☐ Ok to follow-up at a later time
☐ Reason declined: _____
_____

☐**Yes**: Referred for LTC services at:
☐ CBO_____
☐ LTC program @ Provider _____
Date Referred: _____
Date of Appointment: _____
☐ LTC CDPHE

Barrier to Care: _____
_____

Pregnant ☐ Yes ☐ No ☐ N/A

If sent to LTC CDPHE: ☐ N/A
☐ Date of last medical appointment_____
☐ Date of last phone contact by case manager_____
☐ Date of last letter sent _____

Comprehensive Risk Counseling Services Referral (if applicable):

Did the client accept CRCS referral?

☐**No:** Client declined CRCS referral at this time:
☐ Reason declined: _____
_____

☐**Yes**: Referred for CRCS at CDPHE

Please check all that apply:
☐ Client 18 years or younger

☐ Client with multiple needs (mental health, behavioral support, housing, etc.)

☐ Client donated blood /plasma

☐ Client repeat tester/denial of status to health professionals

☐ Client immigrant, refugee, foreign born

☐ High-risk negative ☐ Other, Please explain:

Discusses/Discloses positive status:
☐ Always ☐ Never ☐ Sometimes

For notes please use back

PRISM ID:
_____
For Internal Use Only

Fax: 303-782-5393

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Name (Last): _____ (First):_____ AKA: _____

Additional Notes:

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