*FOR INTERNAL USE ONLY. Referral # _____

COLORADO
Department of Public Health & Environment

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

HIV Pre-Exposure Prophylaxis (PrEP) External Agency Referral Form

Disease Control & Environmental Epidemiology, STI/HIV/Viral Hepatitis Branch

Date Referral Sent: _____ /_____ /_____ Referral Agency: _____

Referral Agency Contact: _____ Phone : (____) _____ - _____

Demographic Information (Required)

First Name: _____ Last Name: _____ Middle Initial: __

Date of Birth: _____ /_____ /_____ Phone : (____) _____ - _____

Address: _____ County: _____

City: _____ Zip Code: _____ Gender: ☐ M ☐ F ☐ T ☐ Unknown

Race: _____ Ethnicity: ☐ Hisp/Latino ☐ Non-Hisp/Latino ☐ Unknown

Financial Information

SSN: ____ - ____ -_____ ☐ Client Declined to Share

☐ Insurance Plan - Carrier: _____ ☐ Veteran Benefits

Group #: _____ Plan #: _____ Member #: _____

☐ CO Medicaid ID #: _____ and/or ☐ Medicare ID #: _____

Household Size: ____ Gross Pre-Tax Income: $_____ Bi-Weekly Monthly Annually

Medical Information

Client's last HIV(-) test: ☐ RAPID ☐ EIA ☐ VL Date: _____ /_____ /_____

Has the client had an exposure to HIV within the last 30 days? ☐ Yes ☐ No

Has the client taken HIV PrEP before? ☐ Yes ☐ No

Does the client have a Primary Care Provider? ☐ Yes ☐ No

*If Yes, where? _____

Is the client currently pregnant or seeking pregnancy? ☐ Yes ☐ No

Risk Information

Identified Risk(s) for HIV Acquisition in the past 12 months *(select all that apply)*:

☐ MSM (Having Unprotected Sex) ☐ Rectal STI ☐ Post-Exposure Prophylaxis (PEP)

☐ Contact to HIV(+) Sex Partner(s) ☐ Non-Rectal STI ☐ Other: _____

FAX FORM WITH COVER SHEET TO ➡

Thomas T. Deem, RN, BSN | Biomedical Intervention Program Coordinator
Disease Control & Environmental Epidemiology | STI/HIV/Viral Hepatitis Branch
4300 Cherry Creek Drive S., Denver, CO 80246 | PH 303-691-4034 | FAX 303-782-5393