

APPENDIX C: INTAKE SCREENING QUESTIONNAIRE

Name:

B#:

AKA:

Date of Screening:

Intake Screening

Gender Identification for data base (not self-identification)

MTF

FTM

Ethnicity

Caucasian/ Euro-American

African American

Latino(a)/Hispanic

Asian/Pacific Islander

Native American/Alaskan Native

Mixed

Other

Country of Origin: _____

Primary Language: _____

Date of Entry to U.S.: _____

Immigration Questions? No Yes

Need interpretation?

No

Yes

Are you currently homeless?

No

Yes

for how long? _____

How long in SF? _____

Have you had any special medical problems or any mental health issues that we should know about?

Have you been hospitalized?

No

Yes

Allergies?

No

Yes

Type of reaction? _____

Do you use any substances?

No

Yes

ETOH

Marijuana

Crack/Cocaine

Heroin

Amphetamine

IVDU

Other _____

Unspecified

Risk Behaviors: unsafe sex share needles multiple sex partners

If you have multiple sex partners, do you find this necessary for financial support? No Yes

Harassment: community police domestic

Have you been tested for HIV?
 No Yes Results: _____ Date: _____

If yes, have you had any prior treatment for HIV?
 No Yes Where? _____

CD4 Count: _____ Viral Load: _____

How have you been feeling? _____

Have you ever received psychiatric diagnosis? No Yes

If yes, please specify: _____

Have you ever received psychiatric medications?

No Unknown

Yes Please specify medication and prescribing physician:

Do you want medications for gender reassignment? No Yes Undecided

Are you currently taking hormones? No Yes Injectables Other

Have you had Gender Related Surgery: Type _____

Do you have plans for surgery? No Yes Undecided

Silicone Injections: No Yes

Do you currently have primary care? No Yes

If yes, please specify _____

If yes, are you planning to retain this medical care? No Yes

At what age are your earliest memories? _____

Do you live the gender that you identify? No Yes for how long? _____

Risk category (check one):

- Low: high functioning, has job, housing
- Moderate: generally healthy; has 1 or 2 risk factors
- High: HIV+, sex work, homeless, acute med/psych issues, multiply dx

Notes:

Signature: _____ Date: _____

Appt Date and Time for Psych/Social Intake: _____