



Sexual Partner Services – Desktop Assistant

NOTE: THIS IS NOT AN OFFICIAL NAVY FORM. IT IS FOR INSTRUCTIONAL PURPOSES ONLY

Partners of case# _____ Case diagnosis _____ Date of Diagnosis _____ Date this form initiated: _____

| Partner Info | Date of last contact and place | Within tracing period? | Exposure type | DoD healthcare eligible? | Notification option selected | Identifying, locating, and "contract" info | Disposition |
|--|--|------------------------|---------------------------------------|--------------------------|--|--|--|
| <u>Name:</u> <u>Relationship:</u> (check one) <input type="checkbox"/> spouse <input type="checkbox"/> other main <input type="checkbox"/> casual or periodic <input type="checkbox"/> anonymous <input type="checkbox"/> CSW <input type="checkbox"/> unknown <input type="checkbox"/> refused <u>Gender:</u> | <u>Date:</u> <u>Place:</u> (check all that apply): <input type="checkbox"/> home station <input type="checkbox"/> underway <input type="checkbox"/> on leave / liberty <input type="checkbox"/> deployed <input type="checkbox"/> prior to enlistment <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> other: _____ | Yes No | Sex Needle-sharing both | Yes No | Provider Client Dual Contract Other: | | Notified? Date: _____ Testing and Treatment Confirmed? Date: _____ Confirmed infected? Yes / No Date case closed: _____ Final Disposition Code: _____ |
| <u>Name:</u> <u>Relationship:</u> (check one) <input type="checkbox"/> spouse <input type="checkbox"/> other main <input type="checkbox"/> casual or periodic <input type="checkbox"/> anonymous <input type="checkbox"/> CSW <input type="checkbox"/> unknown <input type="checkbox"/> refused <u>Gender:</u> | <u>Date:</u> <u>Place:</u> (check all that apply): <input type="checkbox"/> home station <input type="checkbox"/> underway <input type="checkbox"/> on leave / liberty <input type="checkbox"/> deployed <input type="checkbox"/> prior to enlistment <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> other: _____ | Yes No | Sex Needle-sharing both | Yes No | Provider Client Dual Contract | | Notified? Date: _____ Testing and Treatment Confirmed? Date: _____ Confirmed infected? Yes / No Date case closed: _____ Final Disposition Code: _____ |

Disposition Codes:

A-preventive treatment B-refused preventive treatment C-infected and brought to treatment D-Infected-not treated E-previously treated for this infection
 F-not infected G-insufficient info to begin investigation H-unable to locate J-located and refused exam and treatment K-out of jurisdiction L-other

MOTIVATION – Points to encourage clients to participate in PCRS

| Benefits to Client: | Benefits to Partners: | Benefits to Community: |
|--|---|--|
| <p>Protects privacy and anonymity.</p> <p>Relieves client of responsibility to inform partners.</p> <p>Offers peace of mind to client by fulfilling ethical responsibility to partners.</p> <p>Reduced risk of re-infection from same partners and others “in the circle”.</p> | <p>Prompt treatment for infection.</p> <p>Information about real risk (which partners may underestimate, misunderstand, deny or be unaware of).</p> <p>Access to testing (where partners may learn of own infection for first time).</p> <p>Referral to counseling and support services (e.g., family planning and related decisions; emotional problems; addictions; other issues).</p> <p>Opportunity for behavior change (due to prevention counseling and increased awareness of risk).</p> <p>Reduced likelihood of acquiring or transmitting infection in future.</p> | <p>Earlier identification and treatment of previously undiagnosed HIV infections.</p> <p>Reduced transmission within community.</p> <p>Improved surveillance and identification of disease networks.</p> <p>Increased dissemination of HIV/STD prevention information.</p> <p>Improved understanding of HIV/AIDS/STDs in the community.</p> <p>Reduced stigma on infected individuals.</p> |

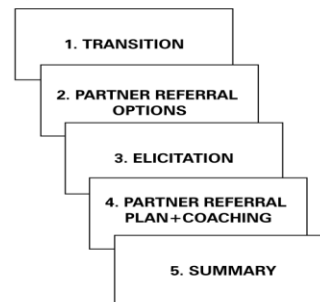
COACHING – Key Points to Communicate

When speaking with partners, the client should:

- tell the partner the actual name of the infection the client has,
- emphasize the importance of the partner seeking medical care promptly, even if they don't feel ill
- emphasize the importance partner telling their doctor the name of the infection to which they were exposed

Working with the HIV-infected Client

CLIENT TESTS POSITIVE



Locating Partners

6. INVESTIGATIVE ACTIVITIES

Working with Partners

