

EARLY INTERVENTION SERVICES INTAKE

DEMOGRAPHICS					
Name					
Address	City		State: CT	Zip	
Phone	Home:	Cell:	Email:		
DOB	Date of Birth:		Country of Birth:		
Gender	Male	Female		Transgender	
Race	African American	Hispanic	White	American Indian	
	Native Hawaiian	Asian	Alaska Native/ Eskimo	Other :	
Education	Elementary School	Some High School	GED	High School Graduate	
	Trade School	Some College	Some Grad School	Grad School	
Language	Speak English	Read English	Speak Spanish	Read Spanish	
Housing	Permanently Housed	Non perm. Housed	Institution	Other	
	Less than 6 months	1- 6 months	6 months to 1 yr	More than 1 year	
Employed	Yes: Full time or part time		No		
Insurance	Husky A	Medicaid/ Medicare	Conn PACE	Private Insurance	None Other:
HEALTH HISTORY					
Where do you currently receive care?					
Have you been to the emergency room in the past 6 months?			Yes	No	
Have you been in jail or prison in the last 6 months?			Yes	No	
Have you ever had active TB?			Yes	No	
Have you ever been diagnosed with asthma?			Yes	No	
Have you ever been diagnosed with allergies?			Yes	No	
Have you ever been diagnosed with diabetes?			Yes	No	
Have you ever been diagnosed with hypertension?			Yes	No	
Have you ever been diagnosed with Hepatitis A B or C?			Yes	No	
Have you ever been diagnosed with syphilis or gonorrhea?			Yes	No	
SEXUAL HISTORY					
Were you ever tested for HIV?			Yes	No	
When was the last time you were tested for HIV?					
Do you have a main partner ?			Yes	No	
In the last 6 months during vaginal sex how often have you used a condom with your main partner?			Always	Sometimes	Never
In the last 6 months during anal sex how often have you used a condom with your main partner?			Always	Sometimes	Never
In the last 6 months during oral sex how often have you used a condom with your main partner?			Always	Sometimes	Never
How many other people have you had sex with in the last 6 months?			0	1	2 3 4 5 6 7 8 9 10+
In the last 6 months during vaginal sex how often have you used a condom with other people?			Always	Sometimes	Never
In the last 6 months during anal sex how often have you used a condom with other people?			Always	Sometimes	Never
In the last 6 months during oral sex how often have you used a condom with other people?			Always	Sometimes	Never
Do you have sex with men women or both?			Men	Women	Both
Have you ever paid someone to have sex with you?			Yes	No	
Have you gotten paid for sex?			Yes	No	
Have you ever had sex for drugs, rent or protection?			Yes	No	
Do you feel safe at home?			Yes	No	
Have you ever been a victim of domestic violence or sexual assault?			Yes	No	

SUBSTANCE HISTORY				
How old were you the first time you drank alcohol?				
Who were you with?		Friends	Family	Coworkers Others
When was the last time drank?				
Have you ever been in treatment for alcohol? No Yes Where? When?				
How old were you the first time you used any drugs				
Who were you with?		Friends	Family	Coworkers Others
What did you use?				
When was the last time you got high? (drugs)				
Have you ever been in treatment for drugs? Where? When?				
Have you EVER used?	Marijuana	Speedball	Ecstasy	
	Heroin	Alcohol	Oxycontin	
	Cocaine	PCP	Percocet	
	Crack	Crystal meth	Benzos	
In the last 30 days have you used?	Marijuana	Speedball	Ecstasy	
	Heroin	Alcohol	Oxycontin	
	Cocaine	PCP	Percocet	
	Crack	Crystal meth	Benzo	
When was your last dental visit?				
**Females ONLY ~~				
When was your last OB/GYN appointment?			Pap Smear?	
Mammogram?		HPV Vaccination?		
RECONNECT TO CARE				
Are you currently in medical care?			Who is your ID physician:	
When is your next scheduled appointment?				
What year were you diagnosed in?			What state were you diagnosed in?	
When did you begin your ID medical care?				
** If not in medical care~ Tell me what types of barriers have prevented you from routine care				
1.		3.		
2.		4.		
Would you like to be connected or reconnected to medical care?			Yes or No	* If no, why?
Have you ever had a Ryan White Medical Case Manager?			Yes	No
When was the last time you met with your Medical Case Manager?				
If no Medical Case Manager~ Would you like to be referred to a MCM?			Yes	No
Have you ever met with a medication adherence nurse?			Yes	No
What medications are you currently on?				
Alternate Contact Name :				
Relationship:		<i>Is this person aware of your status?</i>		
Address		City	State: CT	
Home Phone		Cell Phone		

Client Signature _____ Date _____

EIS Signature _____ Date _____