# ILI Intervention Report Form (Part 2 - Client Visit Record)

| Name of Contracting Agency: | Intervention Name: |
|---|---|

Client's Unique ID: _____ _____ (1st & 3rd letter of first name) ___ / ___/___ (Birthday (month, day , year))

Sero-status ___ HIV-infected ___ High-risk HIV-negative ___ Unknown

**Intervention Record**

| Date | Intervention topics covered this visit: | Referrals made (this visit): |
|---|---|---|
| _____ | ___ HIV/STD 101 information | ___ HIV/STD testing |
| | ___ Risk reduction strategies | ___ Substance abuse treatment |
| Provider Name | ___ Condom use | ___ Medical care |
| | ___ Substance abuse/misuse | ___ Support group |
| _____ | ___ Dating/Social skills enhancement | ___ |
| | ___ Triggers of risk-taking behavior | ___ |
| Staff Hours | ___ Barriers to change | ___ |
| | ___ Other (specify) _____ | ___ Other (specify) _____ |
| _____ | Comments: | |

| Date | Intervention topics covered this visit: | Referrals made (this visit): |
|---|---|---|
| _____ | ___ HIV/STD 101 information | ___ HIV/STD testing |
| | ___ Risk reduction strategies | ___ Substance abuse treatment |
| Provider Name | ___ Condom use | ___ Medical care |
| | ___ Substance abuse/misuse | ___ Support group |
| _____ | ___ Dating/Social skills enhancement | ___ |
| | ___ Triggers of risk-taking behavior | ___ |
| Staff Hours | ___ Barriers to change | ___ |
| | ___ Other (specify) _____ | ___ Other (specify) _____ |
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| | ___ Triggers of risk-taking behavior | ___ |
| Staff Hours | ___ Barriers to change | ___ |
| | ___ Other (specify) _____ | ___ Other (specify) _____ |
| _____ | Comments: | |

**ILI-PCM Intervention Record - continued**

| Name of Contracting Agency: | Intervention Name: |
|---|---|

Client's Unique ID: _____ _____ (1st & 3rd letter of first name) ____ / ____/____ (Birthday (month, day , year))

| Date | Intervention topics covered this visit: | Referrals made (this visit): |
|---|---|---|
| _____ | ___ HIV/STD 101 information | ___ HIV/STD testing |
| | ___ Risk reduction strategies | ___ Substance abuse treatment |
| Provider Name | ___ Condom use | ___ Medical care |
| | ___ Substance abuse/misuse | ___ Support group |
| _____ | ___ Dating/Social skills enhancement | ___ |
| | ___ Triggers of risk-taking behavior | ___ |
| Staff Hours | ___ Barriers to change | ___ |
| | ___ Other (specify) _____ | ___ Other (specify) _____ |
| _____ | Comments: | |

| Date | Intervention topics covered this visit: | Referrals made (this visit): |
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| _____ | ___ HIV/STD 101 information | ___ HIV/STD testing |
| | ___ Risk reduction strategies | ___ Substance abuse treatment |
| Provider Name | ___ Condom use | ___ Medical care |
| | ___ Substance abuse/misuse | ___ Support group |
| _____ | ___ Dating/Social skills enhancement | ___ |
| | ___ Triggers of risk-taking behavior | ___ |
| Staff Hours | ___ Barriers to change | ___ |
| | ___ Other (specify) _____ | ___ Other (specify) _____ |
| _____ | Comments: | |

| Date | Intervention topics covered this visit: | Referrals made (this visit): |
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| _____ | ___ HIV/STD 101 information | ___ HIV/STD testing |
| | ___ Risk reduction strategies | ___ Substance abuse treatment |
| Provider Name | ___ Condom use | ___ Medical care |
| | ___ Substance abuse/misuse | ___ Support group |
| _____ | ___ Dating/Social skills enhancement | ___ |
| | ___ Triggers of risk-taking behavior | ___ |
| Staff Hours | ___ Barriers to change | ___ |
| | ___ Other (specify) _____ | ___ Other (specify) _____ |
| _____ | Comments: | |