

**RISK REDUCTION OBSERVATION NOTES:  
FOLLOW-UP SESSION FOR NEGATIVE HIV AND/OR HCV RESULTS**

Risk Reduction Specialist: \_\_\_\_\_ Observer: \_\_\_\_\_

Session Date: \_\_\_\_\_ Site/Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total time: \_\_\_\_\_

Did this Risk Reduction Specialist also do the initial counseling for this session?  Yes  No

**Instructions:** Use this form during the risk reduction session to take notes. Use Form A-2, *Risk Reduction Observation: Follow-Up Session for Negative HIV and/or HCV risks*, for your final documentation.

**Orient to Session and Provide Test Result(s)**

- Introduce
- Confidentiality
- Verify
- Readiness
- Provide clearly
- Review meaning
- Assess reaction
- Recent risk
- Other test results

**Review the Risk Reduction Step**

- Review
- Success
- Barriers
- Problem solve
- Encourage

**Revise the Risk Reduction Step**

- Challenges to change
- Revise/develop step
- Problem solve
- Support
- Commitment
- Document

**Identify Sources of Support and Provide Referrals**

- Assess support
- Previous referrals
- Longstanding issues
- Willingness
- Types
- Provide referrals
- Help access

Summarize and Close the Session

- Review appts
- Encourage client
- Review contact info
- Close

Use of Counseling Skills, Concepts, and Components

Other Comments