## HIV/STD PUBLIC HEALTH ORDER TRACKING FORM

Name of database management system:				
Database unique identifier:				
Date public health order investigation initiated:				
Use the Texas database management system to document demographics and the public health follow-up investigation. Upload this form and attach to the investigation.				
Referring Source (Check box)	Source Name:			
☐ Provider	Address (Street):			
☐ Public Health Follow-Up	City:			
☐ Surveillance	State:	Zip Code:		
	Phone: Work:	Home:		
Trigger Characteristics (Check all that apply and provide details in the next section)				
□ Not currently engaged in HIV medical care				
☐ Has not received adequate medical treatment				
☐ Named as contact in multiple PHFU investigations				
☐ Knowingly exposed others to a reportable STI or HIV				
☐ Current pregnancy or was pregnant in last 12 months - Number of weeks:				
Comments:				

## **Public Health Order Assessment**

Activities Completed by Public Health Follow Up				
Provide a summary of public health follow up activities (field visits, phone calls, interview attempts, etc.):				
Were appointments made? $\square$ Yes $\square$ No If so, provide details such as dates and if appointments were kept:				
Positive Test Result Counseling Provided				
☐ Yes Date counselin	g was provided:	Provider:		
□ No				
PHFU Investigation Review (pre-Public Health Order)				
Provide an overview. Ii	nclude reasoning and jus	tification for action to	be taken.	
Review Conducted by (name, title):				
Action to be Taken:				
$\Box$ Continue to monitor investigation <b>-or-</b> $\Box$ Request to issue a Public Health Order				
Action Items and Responsible Party				
Based on review outcome from previous section, provide a list of next steps. Specify deadlines, timeframes, and who is responsible for their completion for each item.				
Action Item	Responsible Party	Due Date	Status	

## **Public Health Order Outcome**

Public Health Order Case Review			
Event ID:			
Date of Review:			
Comments:			
Public Health Order			
Date delivered:	Outcome (check all that apply):		
Method of delivery:	☐ Appointment made Did client keep appt? ☐ Yes ☐ No		
☐ Certified mail	☐ Client refused		
Did client respond? ☐ Yes ☐ No	☐ Client signed acknowledgment		
☐ In person	☐ Referral(s) provided		
	□ Other:		
PHFU Investigation Review (post-Public Health Order)			
Provide an overview. Include reasoning and justification for action to be taken.			
Review Conducted by (name, title):  Action to be Taken: □ Close investigation -or- □ Request to issue a court order			
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Court Order  Date request submitted:	Date delivered:		
Date request submitted.	Date delivered:		