

# Staying in Touch

Rev. 4/5/16

Date: \_\_\_\_\_ Nurse/Counselor: \_\_\_\_\_

Unique ID: \_\_\_\_\_ Nurse/Counselor Phone: \_\_\_\_\_

**Explain:** If your rapid hepatitis C antibody test is reactive, it means that you have been exposed to hepatitis C and that your body produced antibodies to fight the virus.

But that doesn't mean that you are infected with hepatitis C.

About one in five people clear the virus – their immune system kills it.

So if the rapid test is positive, we will do a confirmatory test that will tell us whether or not you actually have hepatitis C. The results of that test take about 3 days.

If you *do* have hepatitis C, there is effective medication and the disease progresses very slowly, so it's not an emergency. But getting into treatment can take a long time, so we are asking for contact information to help us stay in touch with you until you have received any care that you may need.

*If a client fills out this form, be sure to go over it with them.*

Full Name:

\_\_\_\_\_ ( \_\_\_\_\_ )  
(First) (Middle or initial) (Last) (Maiden)

Other names, nicknames, street names, aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Do you have a car? Yes No

Residence \_\_\_\_\_  
(Street Address) (Apartment no., P.O. Box)

\_\_\_\_\_  
(City, State, and Zip)

How long have you lived there? \_\_\_\_\_ Do you plan to move soon? Yes No

If **Yes**, where to? \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Cell \_\_\_\_\_ Work phone \_\_\_\_\_

Work address \_\_\_\_\_

Mailing address (if different from residence address):

\_\_\_\_\_  
(Street) (Apartment no., P.O. Box)

\_\_\_\_\_  
(City, State, and Zip)

Who should we contact if you were to move? (Other than someone moving with you)

\_\_\_\_\_  
(First Name) (Middle) (Last) (Relationship)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Who else would know how to get a message to you if you moved?

\_\_\_\_\_  
(First Name) (Middle) (Last) (Relationship)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is there a caseworker that you see regularly or an agency or clinic that you visit regularly?

\_\_\_\_\_  
(First Name) (Middle) (Last) (Relationship)

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_