## **HIV Testing and Antiretroviral Use History**

(record all dates as mm/dd/yyyy)

Stateno:		

Main Source of Testing and Tr History Information (select one		ient Interview vider Report	☐ Medical☐ PEMS	Record Review ☐ Other	Date Patient Reported Information		
Ever had previous positive HIV		Yes □ No □ Refused Date of First Positive Don't Know/Unknown HIV test					
Ever had a negative HIV test?					rative HIV test (if date is from a lab test fer in lab data section)		
Number of negative HIV tests within 24 months before first positive test		#	Or □ Refused	□ Don't Know/Unknown			
Ever taken any antiretrovirals (ARVs)?	<ul><li>☐ Yes</li><li>☐ No</li><li>☐ Refused</li><li>☐ Don't Know/Unknown</li></ul>		If Yes, ARV Medications:				
Dates ARVs Taken	Date First Began:		Date of Last Use:				
ACRF Lab Tab information							
Specify type of Test:				_			

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