

**<=J 'F =G? '5 GG9 GGA 9 BH''**

(To determine Need for HIV Antibody Testing)

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Caseworker \_\_\_\_\_ Custody Status \_\_\_\_\_

Person Making Referral \_\_\_\_\_

		COMMENTS
Mother is HIV Positive.		
Injection drug use by mother, father or sexual partner of either parent.		
HIV infection of father or sexual partner of either parent.		
Sexual activity of either parent with multiple partners or injection drug users.		
Mother or father has died because of AIDS.		
History of prostitution (purchase or sale of sex by either parent).		
Child has been sexually abused. Abuser is known or suspected to have high risk behavior. *		
Child has been sexually abused by multiple offenders.		
Child is known to be an injection drug user.		
Child has had sex with multiple partners or with persons who have high risk behavior. *		
Physician recommends testing based on symptoms exhibited by the child for purposes of diagnosis and possible treatment.		
Child is exhibiting symptoms of HIV infection. **		
Child has an opportunistic infection commonly associated with AIDS. ***		

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Was the child previously tested for HIV?  No  Yes Date \_\_\_\_\_ Results \_\_\_\_\_

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Was the child tested for Cocaine?  No  Yes Date \_\_\_\_\_ Results \_\_\_\_\_

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Has the child's mother been tested for HIV?  No  Yes Date \_\_\_\_\_ Results \_\_\_\_\_

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If no, is she willing to have an HIV test?  No  Yes Date \_\_\_\_\_ Results \_\_\_\_\_

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**Clinic RN/LCCS Medical Consultant/Aids Medical Review Committee Recommendations**

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**Medical Services Coordinator's Authorization:** Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

**Executive Director's Authorization:** Signature \_\_\_\_\_ Date \_\_\_\_\_

\* High risk behavior includes injection drug use, sex with multiple partners, prostitution, known HIV infection.

\*\* Symptoms of HIV infection include failure to thrive; recurrent diarrhea, fever, swollen glands, skin rashes or sores; persistent thrush, upper respiratory infections, or herpes; changes in activity, alertness or appetite and neurological impairment, which results in developmental delay.

\*\*\* Pneumocystis pneumonia, toxoplasmosis, Karposi's sarcoma, cytomegalovirus, pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer.