

**REASSESSMENT TOOL TO
UPDATE CASE MANAGEMENT RECORD**

Date Completed:

Change in client contact information as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Client Name _____

Client Address _____ Client Phone Number _____
Landline: _____

Cell: _____

Change in health insurance as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Active Health Insurance Yes No

Medicaid #: _____

Other Insurance: _____

SNP Enrollment (NYC only): _____

Change in Education/Literacy as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Highest grade/degree of education you completed: _____

Date patient screened for health literacy (must be completed prior to development of a service plan): _____

Language(s) spoken fluently? _____

Read English? _____ Read (other)? _____

Write in English? _____ Write (other)? _____

Change in household information as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank:

Emergency Contact (Must be aware of patient's HIV status):

Name _____

Address _____

Phone: Landline _____ Cell _____

Household members:

Name	Sex/Age	HIV Status	Medical Care Provider

Describe any parenting issues, such as ACS involvement or child care needs.

Current spouse or partner? _____

Spouse/partner's status: _____

Change in housing as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Current housing situation:

Change in transportation as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Access to transportation? Yes No

Usual method of transportation to the clinic: _____

Assistance with accessing reliable transportation to medical appointments required Yes No

Other barriers to accessing medical care: _____

Change in HIV/AIDS status as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

HIV/AIDS Status (Primary Diagnosis)

_____ HIV+/Not AIDS VL: _____ Date taken: _____

_____ HIV+/AIDS Status Unknown CD4 Count: _____ Date taken: _____

_____ AIDS

Date of diagnosis: _____

HIV status confirmed Yes No

When/Where did you receive your initial diagnosis? _____

Transmission Route: _____

Change in HIV primary care as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Currently receiving HIV Primary Care at?

Address _____

Phone number: _____

Date of last Visit: _____

Frequency of Primary Care visits: _____

Prior HIV Primary Care Medical Provider:

Address _____

Phone number: _____

Length of care with provider: _____

Reason for terminating care: _____

Date of most recent HIV related hospitalization: _____

Which Hospital: _____

Duration of stay: _____

Nature of hospitalization: _____

Change in current specialty medical care as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Name	Address	Phone

Change in HIV related medications as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Name of Medication	Currently or Previously Taken (C/P)	Frequency	Side Effects

Change in TB/Hepatitis status as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

TB status: Positive Negative Date of last PPD or Quantiferon: _____

If positive, list medications: _____

Hepatitis: HCV Positive Negative

Treatment: _____

HBV Positive Negative

Treatment _____

Other Chronic Diseases? Yes No

If Yes, describe: _____

Change in other medications as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Name of Medication	Currently or Previously Taken (C/P)	Frequency	Side Effects

Change in current case management and/or supportive services as documented on Intake and Engagement: Yes No

If yes, indicate revised information, otherwise leave blank.

Name	Address	Phone