

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
 DIVISION OF PUBLIC HEALTH
 CURTIS STATE OFFICE BUILDING
 1000 SW JACKSON ST., SUITE 210
 TOPEKA, KS 66612



PHONE: (785) 296-6174
 FAX: (785) 559-4231
 WWW.KDHEKS.GOV

GOVERNOR JEFF COLYER, M.D.
 JEFF ANDERSEN, SECRETARY

HIV PERINATAL EXPOSURE REPORT FORM

The completion of the perinatal exposure report form meets the requirements set forth in KAR reg. 28-1-2.

REPORT DATE: _____ REPORTING FACILITY: _____

Patient Information

Full Name			
	First	Last	Maiden
Address	Street Address		
			Apt./Unit #
	City and Zip Code		Phone Number
DOB (mm/dd/yyyy)	Date of Pregnancy Diagnosis (mm/dd/yyyy)	Estimated Delivery Date (mm/dd/yyyy)	

Treatment Information

HIV Diagnosis Date	Is the patient currently on antiretroviral therapy (ARVs) for HIV?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Most Recent Viral Load Date (mm/dd/yyyy)	Most Recent Viral Load Result	Next Scheduled Appointment Date (mm/dd/yyyy)	
OBGYN Name	OBGYN Phone Number	Infectious Disease Provider's Name	
Are you concerned about any of the following with your patient? Check all that apply			
<input type="checkbox"/> Housing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Nutrition/Food Assistance	<input type="checkbox"/> Med Adherence
<input type="checkbox"/> Mental Health	<input type="checkbox"/> None	<input type="checkbox"/> Substance Abuse	
<input type="checkbox"/> Other (Please Specify): _____			

COMPLETED BY: _____ PHONE: _____

Please fax reports to Kansas Department of Health & Environment, STI/HIV Section at:
 Fax: 785-559-4225 Phone: 785-296-6174