

## UAB 1917 Clinic

### Becoming a New Patient

**Project CONNECT** assists all new patients (new to care and transfer) and those who have not seen their 1917 HIV provider for more than 12 months to make a smooth yet comprehensive entry into the clinic.

Our primary goal is to help each new patient feel welcomed and cared for as they develop new (or renewed) relationships with our healthcare team.

Project CONNECT begins with getting a patient in the UAB Medicine system and setting up an individual New Patient Orientation (NPO) visit within five days whenever possible. The purpose of the orientation is to:

- complete a psychosocial assessment to best assist the whole patient
- help them learn about the resources at the clinic
- obtain initial lab work
- schedule the first provider appointment

At the New Patient Orientation, a provider's appointment is confirmed usually within 30 days. Project CONNECT helps with immediate needs and gathers all information for the healthcare team, so the patient along with their team can make informed decisions together.

For patients with a new diagnosis (no prior HIV care), we offer **Fast Track** appointments where both the New Patient Orientation and the provider appointment are on the same day. Whenever appropriate, HIV medication will be prescribed at this visit.

Please complete the form below and fax to 205-975-8188. We can then follow-up with the patient.

**We do need confirmatory lab work to begin the process;** otherwise, we will need to repeat HIV testing prior to setting up appointments.

If the patient would like to receive HIV testing at 1917 Clinic to confirm a diagnosis, please reach out to our Testing Team: 205-996-4671.

**If you would like to begin the scheduling process with the patient while they are at your organization, please call one of our Linkage & Retention Coordinators (LRC) at 205-996-0155.** Please share this number with the patient as well, so they can reach out to us with any questions. (Sometimes, an LRC may not be available if they are helping another patient, so please leave a message and fax the form.)

## UAB 1917 Clinic: Becoming a New Patient

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ (Please circle: Cell, Home, Work, Other)

Is it OK to leave a general message: Yes No

Secondary Phone Number \_\_\_\_\_ (Please circle: Cell, Home, Work, Other)

Is it OK to leave a general message: Yes No

Social Security Number (if no SSN, mark N/A) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (allows access to patient portal) \_\_\_\_\_

Marital Status Single Married Divorced Separated Partnered Widowed

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Preferred Language \_\_\_\_\_

Sex Assigned at Birth \_\_\_\_\_ Gender Identity \_\_\_\_\_

Date of Screening Test (if new dx) \_\_\_\_\_ Date of Confirmatory Test \_\_\_\_\_

*We do need confirmatory lab work: HIV screening test, HIV confirmatory test (and viral load if needed to confirm acute infection) to begin the linkage process; otherwise, we will plan to repeat HIV testing at our clinic prior to setting up appointments.*

If transferring care, please list any current HIV medications and how many pills you have left:

\_\_\_\_\_

State/Country of Initial Diagnosis \_\_\_\_\_ Year of Initial Diagnosis \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Referring Clinic/Hospital/Agency \_\_\_\_\_

Phone Number \_\_\_\_\_

Employed Yes No Shift (to assist with scheduling) \_\_\_\_\_

Type of Insurance (mark none if no insurance) \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Other Notes: \_\_\_\_\_

Please fax to 205-975-8188. To speak to the Linkage Team: 205-996-0155.