Rapid Start/PrEP Referral Form

OKLAHOMA State Department of Health

SEXUAL HEALTH & HARM REDUCTION SERVICE

Oklahoma State Department of Health
Sexual Health and Harm
Reduction Services
123 Robert S. Kerr Ave.
Oklahoma City, OK
(405) 426-8400
email forms to:
RapidStart@health.ok.gov
or fax to (405) 900-7586

Rapid Start	PrEP
Patient Name:	
Patient DOB:	
Patient Phone Number:	
Patient Email:	
Referring Facility/ Provider Name:	
Referring Facility/ Provider Email:	
Referring Facility/ Provider Phone Number:	
Date Referral Sent:	

Exclusion criteria:
- Previously taken medications for HIV
- Under the age of 18 years
- Currently pregnant
- Currently on dialysis
- Currently taking medication for Hepatitis B/C or TB

If patient has received recent STI screening, please fax results to:

(405) 900-7586 (ATTN: SHHRS Rapid Start/PrEP Program)

RAPID START/PrEP REFERRAL FORM INSTRUCTIONS

Purpose: To link HIV negative clients who are interested in Pre-Exposure Prophylaxis (PrEP), or clients with a new HIV diagnosis in need of Antiretroviral Therapy (ART) to care with a provider in the SHHR Rapid Start/PrEP Program.

Use: Clinical staff will complete this form and email to RapidStart@health.ok.gov on all clients who are diagnosed with a new positive HIV result or HIV negative clients who are interested in starting PrEP.

Completion:

Referred To Rapid Start: Indicate that client was referred by placing a mark in the corresponding box for all clients with a new HIV Positive Result.	
Referred To PrEP: Indicate that client was referred by placing a mark in the corresponding box for HIV negative clients desiring PrEP Services.	
Client Name:	Print client's full name.
Client Date of Birth	Print client's date of birth
Client Phone Number & Email	Verify and Print client's current phone number and email address.
Referring Provider/Facility Name	Print name of the referring provider/facility/county health department and name of staff completing the form.
Referring Provider/Facility Phone Number	Print phone number of the referring provider/facility/county health department.
Referring Provider/Facility Email	Print email address of the referring provider/nurse/facility staff representative.
Date Referral Sent	Print the date that referral is completed and sent to Rapid Start Program.

Routing and Filing: File in the client's record according to the OSDH Format for Records Construction guidelines.

Disposition: Follow current record policy and disposition schedule.