

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 medical 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:

- collect a complete history of how the patient is doing (physically, emotionally, spiritually);
- help them learn about the resources at the clinic and how to access them;
- 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.)

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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 _____

Sex Assigned at Birth _____ Gender Identity _____

Date of Screening Test (if new dx) _____ Type of Test (if known) _____

Date of Confirmatory Test _____ (If pending please fax when completed)

***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 much medication do 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.