

MICHIGAN ADULT HIV CONFIDENTIAL CASE REPORT

(Patients ≥ 13 years of age)

Michigan Department of Health and Human Services

Fax Number: 313-456-1580

STATE #:

eHARS Entry Date:

Aphirm Entry Date:

I. SURVEILLANCE USE ONLY

Document ID MI00-	Soundex Code	Date Received at Surveillance
Aphirm Person ID Number	Sticky Number	Document Source
Report Status <input type="checkbox"/> New <input type="checkbox"/> Update	Report Medium <input type="checkbox"/> FV <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> E	Surveillance Method <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> R

II. PATIENT IDENTIFIER INFORMATION

Patient Legal Name (Last, First, Middle)	<input type="checkbox"/> Alias <input type="checkbox"/> Maiden Name (Last, First, Middle)		
Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Correctional <input type="checkbox"/> PO <input type="checkbox"/> Temporary <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Foster Home			
Current Address			
City	County	State	Zip Code
Phone Number	Mobile Number	Social Security Number	
Residence at Diagnosis (check all that apply) <input type="checkbox"/> Residence at HIV diagnosis <input type="checkbox"/> Residence at Stage 3 (AIDS) Diagnosis			
Address <input type="checkbox"/> Same as Current Address			
City	County	State/Country	Zip Code

III. DEMOGRAPHIC INFORMATION – COMPLETE ALL FIELDS

Case Status <input type="checkbox"/> HIV Infection <input type="checkbox"/> Stage 3 (AIDS)	Do you suspect this is an acute (recent) infection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male to Female <input type="checkbox"/> Trans Female to Male		
Date of Birth	Alias Date of Birth	Country of Birth <input type="checkbox"/> US <input type="checkbox"/> Unk <input type="checkbox"/> Other (specify)	
Vital Status <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unk	Death Date	State/Territory of Death	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Lives with Partner			
Race <input type="checkbox"/> Black (African American) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Hawaiian/PI			
Ethnicity Latino/Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Arab <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			

