

## Member Intake Form

Date: \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Alt. Ph. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you work, rent, own property in West Hollywood YES NO

If YES, Address: \_\_\_\_\_

May we send you mail at this address? YES NO May we identify ourselves on a message? YES NO

Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Orientation: \_\_\_\_\_ Are your sexual partners primarily: Male Female

Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Family/ Household Size: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Occupation/ Source of Income: \_\_\_\_\_ Dependent Children: \_\_\_\_\_

Date of your first HIV Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_ Viral load as of \_\_\_\_\_ CD4 count as of \_\_\_\_\_

HIV/AIDS Status: HIV +/-no symptoms HIV +/- with symptoms AIDS /no symptoms AIDS / with symptoms

How did you contract HIV: Sexual Contact \_\_\_\_\_ IV Drug Use \_\_\_\_\_ Hemophilia/Coagulation Disorder \_\_\_\_\_

Rate yourself at managing your own healthcare: Excellent Good Fair Poor

What (if anything) is keeping you from managing your healthcare? \_\_\_\_\_

With whom & where do you access medical care? \_\_\_\_\_

What type of medical coverage do you have? \_\_\_\_\_

Do you need more knowledge or understanding about HIV/AIDS? YES NO

If on HIV Meds, do you take them as prescribed? Always Sometimes Rarely Never N/A

Do you need help in setting up a better adherence plan? YES NO Do you need peer support? YES NO

Substance Use History: Yes, within past year Yes, not within past year No History Decline to state

Are you currently in treatment for substance use? YES NO If yes, where? \_\_\_\_\_

Are you currently in treatment for mental health issues? YES NO If yes, where? \_\_\_\_\_

Do you have any current risk behaviors? Unprotected Sex Crystal Meth Use IV Drug use None

Necessary paperwork for eligibility: Proof of residency: \_\_\_\_\_ & Proof of Diagnosis: \_\_\_\_\_

Please read about the different Being Alive programs listed below and check (  ) the ones you are interested in:

**Peer Support**

We offer a variety of Peer Support groups led by trained facilitators (not therapists or psychiatrists). The goal of each confidential group is to gather strength and knowledge from others living with HIV & AIDS. We offer Peer 1-on-1 Counseling. We help you access services from outside other organizations.

**Wellness Center**

We offer a variety of alternative & holistic practices that will compliment the drug therapies that many people are on. The program includes therapies that are 1-on-1: chiropractic, acupuncture, massage, hypnotherapy as well as group: yoga, ceramics, and painting.

**Activities & Events**

We offer a few monthly social events designed to bring people out of isolation and find support and friendships with others living with HIV & AIDS. Barbeques & picnics, field trips, museum tours, concert & comedy shows, and parties are just some.

**Advocacy**

We involve peers in building a healthier & stronger HIV/AIDS community by education, mobilizing, and engaging others to effect reform. The Advocacy committee influences legislators to secure funding for HIV/AIDS programs; promotes equal access & increase in quality health care & social services, and establish sensible policy & legislation.

**Medical Updates/ Treatment Education**

Learn current information on medical breakthroughs, clinical trials, drug interactions, etc. at our monthly presentations from HIV experts/ guest speakers along with a meal. Keep informed with our newsletter that consists of interviews and articles written by members, a community bulletin board and a list of HIV specialists. We also have a Speaker's Bureau that travels to high schools, colleges & work places educating people about living with HIV.

**Prevention / Positive Images (PI)**

Group & individual risk reduction counseling sessions that enhance personal strategies to improve life skills by discussing HIV/STD transmission, disclosure, reducing substance misuse, sex, dating, & relationships. Community forums on superinfection/reinfection, microbicides, HIV vaccines & other medical breakthroughs on HIV prevention.

**The Life Group LA**

Poz Life Weekend - seminars designed for individuals whom are newly infected, long term survivors, significant others and HIV healthcare providers. Topics may include Treatment, Benefits, Stress, Alternative & Complementary Therapies, Nutrition, Adherence, Relationships, Goal Setting, & Managing Side Effects.

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Please check the outside services listed below that you may need referrals to:

Housing     Transportation     Legal     Food Banks     Medical/ Dental Resources  
 Case Mgmt. (Benefits)     Mental Health Counseling     Drug/ Alcohol Mgmt.     Other

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Emergency Contact

Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this person aware of your HIV Status?      YES      NO

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By signing below, I authorize Being Alive to release/share information with other like agencies regarding services I've received, my HIV status, finances, and physical/mental conditions for purposes of assistance in gaining services related to my needs. This information may be shared through mail, by telephone/fax, or electronic computer mail. I understand that I may revoke this consent at any time, by contacting Being Alive in person, by phone or in writing. A list of these other agencies will be provided to me upon request, and I may add other specific agencies to this consent. I have been given the HIV/AIDS Patient's Bill of Rights/Responsibilities and been made aware of the Grievance Procedures.

X  
\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date