

PATHS forms for EMR

The following macros are to be embedded into PATHS forms and used to evaluate the program. Refer procedure “4.7 Care planning” for more information.

PATHS Intake

Pod ID: [1|2|3|4|5|6]

Client ID:

Regional Health Authority: [WRHA|SH-SS|PMH|IERHA|NRH]

City/Town:

DOB (dd/mmm/yyyy):

Sex assigned at birth: [Female|Male|Intersex|not reported/no data|Other:]

Self-reported gender: [Cis-woman|Cis-man|Trans-woman|Trans-man|Non-binary|2Spirit|Queer|Unknown|Other:]

Self-reported sexual orientation:

[Heterosexual|Gay|Lesbian|Bisexual|MSM|2Spirit|Queer|Indigiqueer|Pansexual|Asexual|not reported/no data|Other:]

Self-reported ethnicity: [Indigenous – First Nation|Indigenous – Metis|Indigenous - Inuit| Indigenous – Unspecified|White/European| African/Black| East/Southeastern Asia (Chinese, Korean, Vietnamese, Cambodian, Laotian, Indonesian, Japanese, Filipino)|South Asian (Indian, Pakistani, Bangladeshi, Sri Lankan, Nepali, Bhutanese)|Latin American (Hispanic, Mexican, Central American, South American)|Not reported/No data|Other:]

HIV exposure: [Perinatal acquisition|Injection drug/needle use|Heterosexual sex|Occupational exposure|Same sex sexual contact between men (i.e. MSM)|Recipient of blood/blood products|Unknown/No identified risk]

Client engagement status at time of referral: [Disengaged|Never linked to care|Lost to care|Linked to HIV care|Retained in HIV care]

ART: [yes|no]

VL: [not-suppressed|suppressed], date of last result:

Date of first direct contact with client:

Substance use: [yes|no]

Substance type: [none|meth|crack|opiates|marijuana|ETOH|cigarettes|cocaine|MDMA|other:]

Emergency Department/Urgent Care visits (six months prior to referral):