

Risk Reduction Plan

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Last Name:	First Name:						Dat	te:	/ Site:				
RISK AWARENESS													
_							WhWh	cance to Self: at is the reason for getting tested for HIV? at if your testing is positive? egative, how will you continue to remain so?					
 Cost / Benefits Analysis: What's working for you with what you are doing now? What are you doing now that you would like to change? What is the hardest (most difficult) part of changing? What might be good about changing? Capacity Building: What will be the most difficult part of this for you? How have you handled a similar situation in the part of this for you? What will you need to do differently? When will you do this? What words will you use? 													
RISK PERCEPTION													
Client:	(high)	5	4	3	2	1	(low)		RISK REDUCTION STRATEGIES				
Counselor:	(high)	5	4	3	2	1	(low)		☐ Talk to a medical provider about PrEP				
RISK REDUCTION PLAN									 Try to limit number of partners Ask current or future partner(s) to be tested (a partner who respects you will 				
Plan Process:				-	to reduce r lan and adj		needed.	- - - -	get tested) Use condoms (or try to increase the frequency of condom use.) Get to know future partners better before having sex Ask partners about sexual history (ex. have you ever had a sexually transmitted disease?) Don't have sex when your judgment could be impaired. (ex. with use of alcohol or drugs) Try not to share drug equipment				
EDUCATION, PREVENTION & FOLLOW-UP													
Materials Given: HIV/STI Info ESL HIV/STI Materials Condoms Receptive "Female" Condoms								oms	PrEP Info Dental Dams/Misc. Lube Demonstration				
Follow-up Card Given: Yes No Referral Made: Yes								Yes	□No				
Retest Recommended: Yes No Retest Date:/_													
Counselor Name:									#:				
HIV Antibody Tost Posuits*													

^{*}A negative HIV test result does **not** exclude the possibility of infection with HIV due to the window period.