${\bf RYAN} \ \underline{{\bf WHITE} \ {\bf EVF} \ {\bf SUPPLEMENTAL} \ {\bf FORM-Page} \ {\bf 1} \ {\bf of} \ {\bf 1}}$

Name:				No Middle Initial
Last			First	мі —
Mother's Maiden Name:		Date of Birth:		Last 4 SSN #: ***-**-
ARIES ID: Medi-Cal - BIC Number (If Applicable):				
Contact Information (ARIES Subtab D	EMOGRAPHICS/Conta	act Information)		
Address:				
Street		City	☐ Check if	Zip (Do not leave blank)
Home Phone:	Cell Phone:		allows calls	Check if allows mail
Demographic Information (ARIES Subtab DEMOGRAPHICS / Demographic Detail)				
Gender	Hispanic	Race		
☐ Male	Yes	□ w	/hite	
☐ Female	☐ No	☐ BI	ack	
☐ TG Male to Female	Unknown	As	sian	
☐ TG Female to Male		☐ Pa	acific Islander	
☐ Other	American Indian or Native Alaskan			
Unknown		□ U	nreported/Unknown	
Refused to report		□ o	ther:	
CDC Disease Stage (ARIES Subtab MEDICAL / Basic Medical)				
HIV Positive		AIDS Diagnosis		Other
Date of HIV Positive Test:		Date of AIDS Diagnos	sis:	☐ HIV negative
HIV positive, disease stage unknow	wn	CDC-Defined AID	S	Pediatric indeterminate
☐ HIV positive, asymptomatic		☐ Disabling AIDS		☐ Unreported
☐ HIV positive, symptomatic, not All	OS			Unknown
HIV positive, symptomatic disabling				
Pediatric, confirmed HIV positive				
Client Risk Factors (ARIES Subtab RISK AND ASSESSMENTS / Risk Factors)				
Pediatric				
				Sex Partner Risk Factors
Client Risk Factors				(Heterosexual Contact ONLY)
Sex with male				☐ Intravenous/injection drug user
Sex with female				☐ Bisexual male
☐ Injected nonprescription drugs				Person with AIDS or documented HIV
Received clotting factor for hemophilia/coagulation disorder				Other
Received transfusion of blood/blood components (other than clotting factor), transplant of			transplant of	Unknown
tissues/organs or artificial insemination —				
Worked in healthcare or clinical lab setting				
Mother HIV infected/Perinatal transmission (pediatric only)				
Sexual abuse (pediatric only)				
Other				
Unknown				