

PRISM Quick Steps

A Step by Step Guide to Tasks in PRISM

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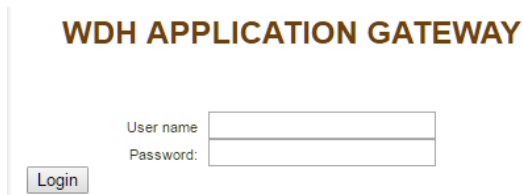
NOTE: The PRISM Manual Quick Steps should be used by users who just need a refresher on entering cases within PRISM. If this is your first time entering data into PRISM please read through the detailed sections about entering information. This will provide you with information that is crucial for entering information correctly within the system.

Quick Steps For Logging In

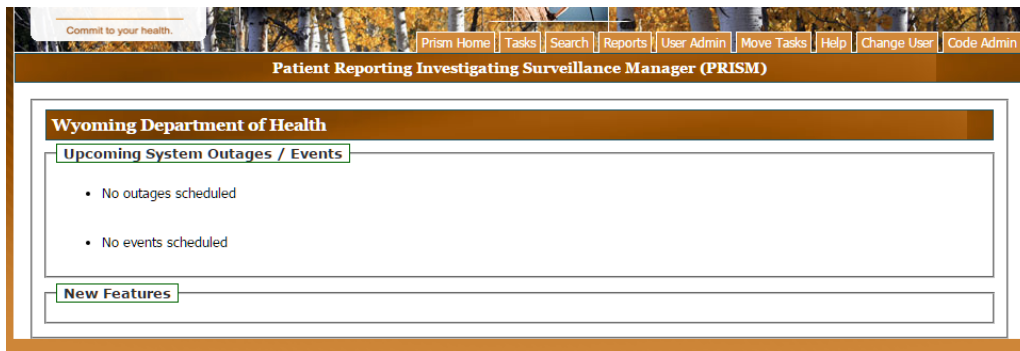
1. Open your web browser (this is on Google chrome).
2. Type in <https://prism.health.wyo.gov> in the address bar at the top of the screen and press 'Enter'.



3. Enter username and password.

A screenshot of the "WDH APPLICATION GATEWAY" login page. It features a title "WDH APPLICATION GATEWAY" in bold brown text. Below the title are two input fields: "User name" and "Password:". To the left of the "Password:" label is a "Login" button.

4. Press 'Enter' or click 'Login'. You should see the homepage (shown below) after logging in.



Quick Steps For Accessing The Task List

1. Follow all steps to login to the system.
2. Once at the homepage click on the "Tasks" Tab.



3. To access the records within the task tab, click on the Blue ID numbers and you will be taken to the record.

Area	ST	Profile ID	Field Record ID	Name
01	WY	63156	74148	BOOP, BETTY
01	WY	63156	74152	BOOP, BETTY
01	WY	63159	74151	BOOP, LITTLE
03	WY	63162	74154	DOE, JON
01	WY	63158	74150	FUDD, ELMER
01	WY	63161	74153	LANE, JANE
01	WY	63163	74155	LEGUME, GASTON
01	WY	63157	74149	PICKLES, STEW

Newly Received in the last 2 days Coming Due in 7 d

Area	Profile ID	Name
01	63156	BOOP, BETTY
03	63162	DOE, JON
01	63158	FUDD, ELMER
01	63161	LANE, JANE

Newly Received in the last 2 days Coming Due in 2 d

Area	Date Initiated	Field Record ID	Accession ID	Na
01	01/09/2017	74148		BOOP, BETTY

Quick Steps For Searching The Database

1. Click on the Search Tab (black box).



2. Enter either one of the fields in the red box OR as much information as you can in the Blue box.
3. Click the "Search Profile" button (green box).
4. If the patient is found via search click on the Profile ID to access the patient record (blue circle).
5. If the patient is NOT found via search, click on the Add New Profile button (purple box).

SEARCH

Enter **ONLY** one of the following:

SSN Profile ID

Wildcard (*) is acceptable for Accession ID. Accession ID Phone Number (No area code)

Filling in any one of the fields above will ignore all fields below.

OR one of the following:

Wildcard (*) is acceptable for these Name fields.

Last Name Other Name

First Name

Additional filters:

Birth Gender City

OtherID

DOB Age

Race Ethnicity

Current Marginal
 History

 Vital Stat
 HARS
 Lab
 Profile

Profile ID	Last Name	First Name	Other Name	Gender	DOB / Age	City	County	Race
63156	BOOP	BETTY		Female	01/01/1949	Cheyenne	Laramie	White

Quick Steps for Creating a Patient Profile

1. Click the “Add New Profile” button.
2. Enter the patient’s information into the empty profile. The fields in black are required fields.
3. Zip Code is also a required field.

Please see notes regarding the correct way to enter patient information on page 10 of the PRISM manual

4. Click the “Save” button (circled in blue).

The screenshot shows the PRISM (Patient Reporting Investigating Surveillance Manager) interface. At the top, there is a navigation bar with links for Prism Home, Tasks, Search, Reports, User Admin, Move Tasks, Help, Change User, and Code Admin. The main content area is titled 'Profile ID - New -' and contains a form with the following sections:

- Name:** Fields for Last Name* (FLINSTONE), First Name* (FREDRICK), Middle Name, Prefix (Mr), Suffix (-Select-), and Other Name (FRED). The 'SAVE' button is circled in blue.
- Locating Information:** Fields for Address 1 (60 STONY LANE), Address 2, State* (Wyoming), County* (Laramie), City* (Cheyenne), Zip Code (82001), Home Phone #, E-mail, and Other Phone #.
- Vital Statistics:** Fields for Date of Birth* (1/1/1950), Date of Death (mm/dd/yyyy), Age*, SSN*, Marital Status (-Select-), Birth Gender* (Male), Race* (White), Sex Reported Gender (-Select-), and Ethnicity* (Non-Hispanic/Latino).
- Description:** Fields for Height (Feet and Inch(es)), Weight (Pounds(lbs) and Ounces(oz)), Size (-Select-), Build (-Select-), Complexion (-Select-), and Hair Length (-Select-).

Quick Steps for Building a Field Record

1. Click on the "Episodes" tab (circled in red)
2. Click on the "Add New Field Record" tab (circled in blue). A new field record will open.

Department of Health
Commit to your health.

Prism Home | Tasks | Search | Reports | User Admin | Move Tasks | Help | Change User | Code Admin

Patient Reporting Investigating Surveillance Manager (PRISM)

Profile ID **63156** Area **01**

BOOP, BETTY
Date of Birth 1/1/1949 Age 68 Year(s)

Profile | **Episodes** | Linked Profiles

All Labs

Add New Field Record

Required Entries Section:

3. Choose the Disease you are reporting from the "Disease" drop down menu (blue box).
4. Choose the reason that the patient has come in for testing from the "Referral Basis" drop down menu (red box).
5. The initiating area will be automatically assigned based on the region of the state that the patient lives (green box).

Required Entries*:

Disease* -Select- **Initiating Area*** HQ

Referral Basis* -Select- Imported Not an imported case

Interview Only FR? -Select- Notifiability -Select-

Location Method -Select-

Symptoms Section:

6. Select the symptoms that the patient is exhibiting from the drop down menu (purple box).
7. Enter the onset date of symptoms in the "Onset Date (mm/dd/yyyy)" field (yellow box)
8. Enter the Duration of symptoms in the "duration" field (black box).
9. Once you have entered the symptom click the "Add Symptoms" button.

If the patient has no symptoms, select "no symptoms" from the drop down menu and keep the rest blank

Symptoms

Symptoms Onset Date (mm/dd/yyyy)

Duration

Provider/Treatment Section:

10. In the Provider/Treatment section, the county will already be selected based on the county the patient lives in and you shouldn't need to change the "Provider Type".
11. Select your clinic from the "Test/Treatment Provider Name" drop down. This can be either the individual provider OR the clinic name (red box).
12. Enter the date that the initial exam was performed and specimen was collected in the "Provider Exam Date (mm/dd/yyyy)" field (green box). If the patient did NOT receive treatment, skip to step 14.
13. If the patient DID receive treatment, enter the date that the treatment was given in the "Date Treated (mm/dd/yyyy)" field (yellow box).
14. Select the treatment that was administered in the "Treatment" dropdown menu (purple box).
15. Once all provider and treatment (if applicable) is entered, click the "Add Provider/Treatment" button (blue box).

Provider / Treatment

Provider County Provider Type

¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.

Test/Treatment Provider Name

Provider Exam Date (mm/dd/yyyy) Date Treated (mm/dd/yyyy)

Treatment*

*If you enter a Treatment, you must enter a Provider Name and Date Treated.

16. If any of the other fields can be filled out within the field record, do so at this time. Also put any relevant notes about the case in the "Notes" section at the bottom of the field record. Please include entered by and your name after the notes if no notes are entered please just add entered by and your name.

Notes - Add

PT MET PARTNER ONLINE MALE 26 FROM CHEYENNE NO OTHER INFO PROVIDED- ENTERED BY B. BOOP, RN

SAVE CANCEL

Or

Notes - Add

- ENTERED BY B. BOOP, RN

SAVE CANCEL

17. When all information is in the field record, click the "Save" button, located at both the bottom and top of the field record.

The following image shows all of the required fields in the field record as a whole and where the "Save" buttons are located (circled in red).

The image shows a web-based form for a field record. The form is divided into several sections, with required fields highlighted in blue. The "SAVE" buttons are circled in red.

Required Entries*:

- Disease*** (dropdown menu)
- Referral Basis*** (dropdown menu)
- Initiating Area*** (dropdown menu, value: HQ)
- Imported** (dropdown menu, value: Not an imported case)
- Interview Only FR?** (dropdown menu)
- Notifiability** (dropdown menu)
- Location Method** (dropdown menu)

Entering one field in this block requires entry for all fields in this block:

- Disposition Code** (dropdown menu)
- Disposition Date** (text input)
- Disposition Entity** (dropdown menu)
- Dispositioned By** (text input)

Insurance Scanned (checkbox) **Outbreak** (dropdown menu)

Female Specific

- Pregnant** (dropdown menu)
- Pelvic Inflammatory Disease (PID)** (dropdown menu)

Symptoms

- Symptoms** (dropdown menu)
- Onset Date (mm/dd/yyyy)** (text input)
- Duration** (text input and dropdown menu)
- Add Symptoms** (button)
- Clear** (button)

Client Status

- Results Provided to Client*** (dropdown menu, value: No)

Provider / Treatment

- Provider County¹** (dropdown menu, value: Laramie)
- Provider Type¹** (dropdown menu)
- Test/Treatment Provider Name** (dropdown menu)
- Provider Exam Date (mm/dd/yyyy)** (text input)
- Date Treated (mm/dd/yyyy)** (text input)
- Treatment*** (dropdown menu)
- *If you enter a Treatment, you must enter a Provider Name and Date Treated.**
- Add Provider/Treatment** (button)
- Clear** (button)

Travel History (text input)

Venue (text input)

GISP (checkbox) **Internet Outcome** (dropdown menu)

Notes - Add (text area)

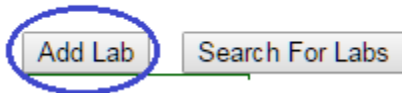
SAVE (button) **CANCEL** (button)

Quick Steps For Adding A Lab

1. While in the field record click on the “Labs”, located under the “Episodes” tab. This will open the lab screen which will allow you to view the labs attached and add a lab.

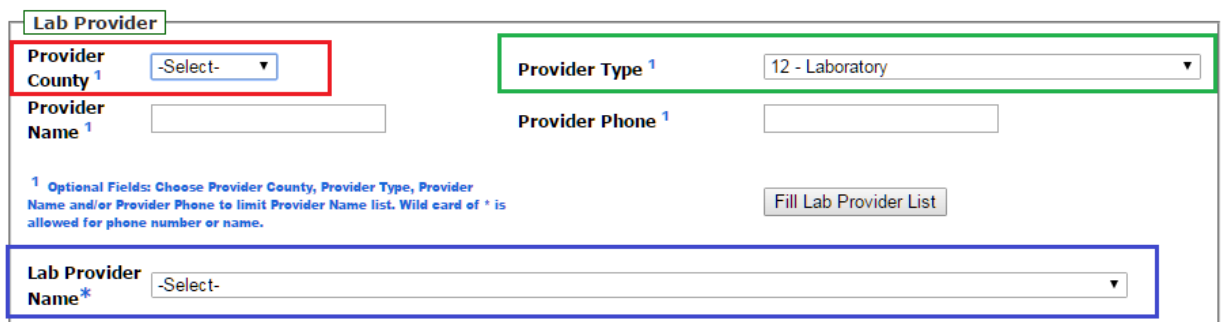


2. Click on the “Add Lab” button. This will open a new lab page.



Lab Provider Section:

3. “Provider County” should be set to “-Select-”, you shouldn’t need to change this because this will allow you to search all labs across all counties, even those out of state (red box).
4. “Provider Type” should be automatically set to “12 – Laboratory”, you don’t need to change this (green box).
5. Select the name of the lab that performed the testing from the “Lab Provider Name” drop down (blue box).

A screenshot of the 'Lab Provider' section in a software interface. It contains several fields: 'Provider County' (dropdown menu, highlighted with a red box), 'Provider Type' (dropdown menu, highlighted with a green box), 'Provider Name' (text input), 'Provider Phone' (text input), and 'Lab Provider Name' (dropdown menu, highlighted with a blue box). There is also a 'Fill Lab Provider List' button. A small note below the fields reads: '1 Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.'

Ordering Provider Section:

6. “Provider County” should be automatically set to the county in which the patient lives, if this is different from the county that your clinic is in, select your county from the drop down menu (purple box).
7. Provider Type should be automatically set to “-Select-”, you should not need to change this (yellow box).
8. If you changed the County, click on the “Fill Provider List” button.
9. Select the name of you clinic from the “Ordering Provider Name” dropdown menu. This can be either the clinic name OR the individual provider name (pink box).

Ordering Provider

Provider County ¹

Provider Type ¹

Provider Name ¹

Provider Phone ¹

¹ Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.

Ordering Provider Name*

Results Section:

10. "Disease Category" will be automatically filled in based on the disease that the field record was constructed for (orange box).
11. Fill in the "Specimen Date (mm/dd/yyyy)" field with the date that the specimen was collected (blue box).
12. Fill in the "Result Date (mm/dd/yyyy)" field with the date that the result was reported from the lab (red box).
13. Select the type of test that was run from the "Test" dropdown menu (pink box).
14. Select the qualitative result of the test from the "Qualitative Result" drop down menu (green box).

Some tests may also prompt you to enter a "Quantitative Result". This will be under the "Specimen Source"*

15. When all information is in the lab record, click the "Save" button, located at both the bottom and top of the lab record.

Results

Disease Category

Specimen Date (mm/dd/yyyy)*

Result Date (mm/dd/yyyy)*

Test*

Qualitative Result*

Accession ID

Specimen Source

Specimen Type

The following image shows all of the required fields in the Lab record as a whole and where the "Save" buttons are located (circled in red).

SAVE

CANCEL

Required Entries*:

Lab Provider

Provider County¹

Provider Name¹

Provider Type¹

Provider Phone¹

¹ Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.

Lab Provider Name*

Ordering Provider

Provider County¹

Provider Name¹

Provider Type¹

Provider Phone¹

¹ Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.

Ordering Provider Name*

Results

Disease Category

Result Date (mm/dd/yyyy)*

Qualitative Result*

Specimen Source

Specimen Date (mm/dd/yyyy)*

Test*

Accession ID

Specimen Type

SAVE

CANCEL

Quick Steps For Dispositioning A Field Record

****Dispositioning a Field Record should be done after all other information has been entered in the field record, interviews and labs have been added****

Opening the Field Record:

1. Click on the “Episodes” tab (blue box).
2. Click on the blue “Field Record ID” number to open the Field Record (red box).

The screenshot shows a navigation bar with three tabs: 'Profile', 'Episodes', and 'Linked Profiles'. The 'Episodes' tab is highlighted with a blue border. Below the navigation bar is a button labeled 'Add New Field Record'. Underneath is a section titled 'Field Records' containing a table with the following data:

Date Initiated	Field Record ID	Interview ID	Date Initial Specimen	Lab Result	Date Initial Treatment	Disease	Preg.	Date Due	Disposition	Date Disposed	Date Closed	Morb.
01/25/2017	74154	27550				300 - Gonorrhea		02/09/2017	~~~~ Due ~~~~			

Dispositioning the Field Record:

3. Click on the “Edit” button located at both the top and bottom of the Field Record.
4. In the second section of the field record choose the reason for dispositioning in the “Disposition Code” dropdown menu (green box).
5. In the “Disposition Entity” dropdown menu, select the county your clinic is in (purple box).
6. Once you have selected “Disposition Code” and “Disposition Entity”, click on the “Save” button located at both the top and bottom of the field Record.

**** For a list of disposition codes and explanations of them see page 21 of the PRISM manual****

The screenshot shows a form section with the following text: "Entering one field in this block requires entry for all fields in this block:". Below this text are two dropdown menus: "Disposition Code" (highlighted with a green box) and "Disposition Entity" (highlighted with a purple box). To the right of these dropdowns are the labels "Disposition Date" and "Dispositioned By".

The following image is shows the location of the disposition section in the field record, the required fields in the disposition section and where the “Save” buttons are located (circled in red). Once you have saved the field record, you can add an interview. Once an interview has been added, you can click the “Task Completed” button at the bottom of the field record.

SAVE CANCEL

Required Entries*:

Disease* Initiating Area*

Referral Basis* Imported

Interview Only FR? Notifiability

Location Method

Entering one field in this block requires entry for all fields in this block:

Disposition Code Disposition Date

Disposition Entity Dispositioned By

Insurance Scanned Outbreak

Symptoms

Symptoms Onset Date (mm/dd/yyyy)

Duration

Add Symptoms Clear

Client Status

Results Provided to Client*

Provider / Treatment

Provider County ¹ Provider Type ¹

¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.

Test/Treatment Provider Name

Provider Exam Date (mm/dd/yyyy) Date Treated (mm/dd/yyyy)

Treatment*

*If you enter a Treatment, you must enter a Provider Name and Date Treated.

Add Provider/Treatment Clear

Travel History

Venue

GISP Internet Outcome

Notes - Add

SAVE CANCEL

Quick Steps For An Interview Record

Opening the Interview:

1. While in the field record click on the “Add Interview” button located at the top of the field record.

The screenshot shows a navigation bar with four tabs: Profile, Episodes, Linked Profiles, and Field Record. Below the tabs are sub-tabs for History and Labs. Below the navigation bar is a blue button labeled 'Add Interview' and two grey buttons labeled 'EDIT' and 'CANCEL'.

Main section:

2. Select the type of interview from the “Interview Type” dropdown (green box). This will by default be “Original”.
3. Select your clinic from the “First Interviewed By” dropdown menu (purple box).
4. Enter the date of the interview in the “First Date Interviewed (mm/dd/yyyy)” field (yellow box).
5. Fill out any other fields as you have the information.
6. Click on the small check box next to “HIV Section” (red box). This will expand the HIV section.

The screenshot shows a form with several fields. The 'Required Entries*' section includes: 'Interview Type*' (dropdown with 'Original' selected, highlighted in green), 'First Interviewed By*' (dropdown with '-Select-' selected, highlighted in purple), 'Re-Interviewed By' (dropdown with '-Select-' selected), 'Interview Period' (checkbox and dropdown with '-Select-' selected), '# of Sex Partners' (text input), and '# of Sex & Needle Partners' (text input). To the right are: 'First Date Interviewed (mm/dd/yyyy)*' (text input, highlighted in yellow), 'Date Re-Interviewed (mm/dd/yyyy)' (text input), 'Referral Service' (dropdown with '-Select-' selected), and '# of Needle Partners' (text input). At the bottom is a checkbox labeled 'HIV Section' (highlighted in red).

HIV Section:

7. In the “HIV Test” field, select from the dropdown whether or not the patient received a HIV test (blue box).
8. In the “Self-Reported Status” field, choose from the dropdown menu as what status the patient identifies as when it comes to HIV (green box).
9. In the “HIV Confirmed Status” field, choose from the dropdown menu the result of the HIV test (purple box).
10. In the “Rapid Test Counseling” field, choose from the dropdown if the patient received counseling for their HIV test (pink box).
11. Enter the date of the counseling in the “Rapid Test Counseling Date” field (yellow box).

12. Select your clinic or individual provider name from the “Rapid Test Counseling Provider” dropdown menu (orange box). If your clinic is in a different county than is selected in the “Provider County”, select the county your clinic is in from the dropdown menu.
13. If you changed the County, click the “Fill Provider List” button.
14. In the “Previous Test” field, select from the drop down if the patient has had a previous HIV test, or if this is unknown (grey box).
15. In the “Previous Test Result” field, select from the dropdown the result of the previous test, or if this is unknown (black box).
16. If the patient has had a previous test, enter the date of the test in the “Previous Test Result Date” field (brown box). If this is unknown or if the patient did not receive a test, leave this blank.
17. Fill out any other information pertaining to the interview in the optional fields, if you have the information.
18. Once you have filled out this portion of the interview, click the “Save” button located at both the top and bottom of the screen.

HIV Section <input checked="" type="checkbox"/>		
HIV Test <input type="text" value="-Select-"/>	HIV Self-Reported Status <input type="text" value="-Select-"/>	
	HIV Confirmed Status <input type="text" value="-Select-"/>	
HIV Confidential Case Report		
Most Severe Housing Status in past 12 months	<input type="text" value="-Select-"/>	
HIV Rapid Test Counseling Information		
Rapid Test Counseling* <input type="text" value="-Select-"/>	Rapid Test Counseling Date* <input type="text"/>	
Provider County ¹ <input type="text" value="Laramie"/>	Provider Type ¹	<input type="text" value="-Select-"/>
<small>¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.</small>		<input type="button" value="Fill Rapid Test Provider List"/>
Rapid Test Counseling Provider* <input type="text" value="-Select-"/>		
HIV Previous Test Information		
Previous Test <input type="text" value="-Select-"/>	Previous Test Result Date <input type="text"/>	
Previous Test Result <input type="text" value="-Select-"/>		
Provider County ¹ <input type="text" value="Laramie"/>	Provider Type ¹	<input type="text" value="-Select-"/>
<small>¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.</small>		<input type="button" value="Fill Previous Test Provider List"/>
Previous Test Provider <input type="text" value="-Select-"/>		
HIV Medical Care Information		
Referred to Medical Care	<input type="text" value="-Select-"/>	
Attend First Appointment	<input type="text" value="-Select-"/>	

The following image shows the interview section, the required fields in the interview record and where the "Save" buttons are located (circled in red).

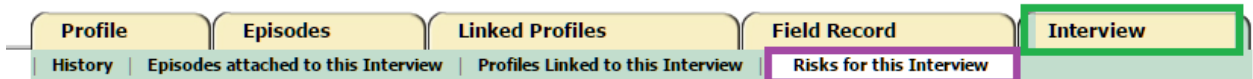
The form is titled "Required Entries*" and contains several sections:

- Required Entries*:** This section includes fields for "Interview Type*" (dropdown menu with "Original" selected), "First Interviewed By*" (dropdown menu with "-Select-" selected), "Re-Interviewed By" (dropdown menu with "-Select-" selected), "Interview Period" (checkbox and dropdown menu with "-Select-" selected), "# of Sex Partners" (text input), "# of Sex & Needle Partners" (text input), "First Date Interviewed (mm/dd/yyyy)*" (text input), "Date Re-Interviewed (mm/dd/yyyy)" (text input), "Referral Service" (dropdown menu with "-Select-" selected), and "# of Needle Partners" (text input).
- HIV Section:** This section is checked and includes "HIV Test" (dropdown menu with "-Select-" selected), "HIV Self-Reported Status" (dropdown menu with "-Select-" selected), "HIV Confirmed Status" (dropdown menu with "-Select-" selected), "HIV Confidential Case Report" (checkbox), and "Most Severe Housing Status in past 12 months" (dropdown menu with "-Select-" selected).
- HIV Rapid Test Counseling Information:** This section includes "Rapid Test Counseling*" (dropdown menu with "-Select-" selected), "Rapid Test Counseling Date*" (text input), "Provider County¹" (dropdown menu with "Laramie" selected), "Provider Type¹" (dropdown menu with "-Select-" selected), and "Rapid Test Counseling Provider*" (dropdown menu with "-Select-" selected). A note below states: "Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list." There is a "Fill Rapid Test Provider List" button.
- HIV Previous Test Information:** This section includes "Previous Test" (dropdown menu with "-Select-" selected), "Previous Test Result" (dropdown menu with "-Select-" selected), "Previous Test Result Date" (text input), "Provider County¹" (dropdown menu with "Laramie" selected), "Provider Type¹" (dropdown menu with "-Select-" selected), and "Previous Test Provider" (dropdown menu with "-Select-" selected). A note below states: "Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list." There is a "Fill Previous Test Provider List" button.
- HIV Medical Care Information:** This section includes "Referred to Medical Care" (dropdown menu with "-Select-" selected) and "Attend First Appointment" (dropdown menu with "-Select-" selected).
- Notes - Add:** A large text area for entering notes.

At the top right and bottom right of the form, there are "SAVE" and "CANCEL" buttons. The "SAVE" buttons are circled in red.

Adding Risks to the Interview:

1. Once the interview is saved click on the Interview Tab (green box).
2. Under the Interview tab click on the “Risks for this Interview” option (purple box).
3. Click on the “Add Risk(s)” button (orange box). This will open up the risks that you can add to the interview.



attached to this interview yet. Click on 'Add Risk(s)' button.



4. In the risk sheet, check all of the risks that the patient has identified.
5. Once you have selected all applicable risks, click the “Save” button at both the top and bottom of the screen. This will show you a screen that shows which risks you identified with your patient.

****You do NOT need to fill all of these risks out. Just the ones the patient identifies ****

The following image is shows the risks section, and where the “Save” buttons are located (circled in red).

SAVE CANCEL

Risks

HealthCare Worker:
 Prior Present Screening for Employment

History Of:
 Hemophilia Hemodialysis Blood Transfusion Blood Exposure (Under Skin) Blood Exposure (Mucous Membrane)
 Immunosuppressive Therapy Chemotherapy Recent Pregnancy Current Pregnancy Abnormal Liver Test
 Pos Hep Test Pos Hiv Test Prior STD Active TB Latent TB
 Possible Contact to Communicable Disease Reliable Risk History Unavailable

Contact To:
 Hep B+ Hep C+ STD+ HIV+ Active TB
 Latent TB

Contact Type:
 Household Needle Share Sexual Blood Exposure

Mother - History Of:
 HIV+ Hep B+ Hep C+ STD+

Sexual History:
 Recent Exposure to STD Victim of Sexual Assault New Sex Partner (Last 2/3 Months) Multiple Sex Partner (Last 2/3 Months)

Condom Use:
With Main Partner:
 Always Sometimes Never N/A

With Other Partners:
 Always Sometimes Never N/A

With New Partner (Within Last 3 Months)
 Always Sometimes Never N/A

With Previous Partner
 Always Sometimes Never N/A

Sex with Female:
 Yes Anal (Give Receive) Oral (Give Receive)
 Vaginal

Sex with Male:
 Yes Anal (Give Receive) Oral (Give Receive)
 Vaginal

Sex with:
 Anonymous Partner Partner Met Via Internet Pickup at: Bar Bath
 STD Infected Partner HEP + Partner HIV + Partner Hemophilic IDU Partner
 Known MSM Bisexual Multiple Partners Sex While Intoxicated or High Sex in Public or Semi-Public Place

Sex in Exchange For:
 Drugs Money Food Shelter

Drug Use:
 Cocaine Crack Heroin Nitrates or Poppers Erectile Dysfunction Meds
 Methamphetamines Other

Preferred Method:
 Injection Needle Pooling Shared Works Snorting/Snuffing Smoking
 Inhaling Injestion

Tattoo or Piercing:
 Yes Professional Non-Professional

History Of:
 Long-Term Incarceration (> 6 Months) Homelessness

Born Outside of US:
 Client - Asia Client - Africa Client - S. America
 Parent - Asia Parent - Africa Parent - S. America

Risk Evaluation Not Conducted: Tested as part of Screening Panel:
 CT/GC Hep B Hep C HIV Syphilis
 TB

SAVE CANCEL

Quick Steps For Linking An Existing Profile To An Interview Record

1. After the risks have been entered, click on the “Interview Tab”. This will take you to the main interview page.
2. Click on the “Link Profile” button. This will open a search screen.
3. Search for the partner in the with the search categories. For quick steps on how to search for a patient refer to page 5.
4. If the partner is found via search, click on the blue “Profile ID” number to open that profile.

Add Marginal Profile

Add Internet Profile

Profile ID	Last Name	First Name	Other Name	Gender	DOB / Age	City	County	Race
63156	BOOP	BETTY		Female	01/01/1949	Cheyenne	Laramie	White

5. Once the profile opens, verify the partner information.
6. If this is the correct partner, click on the “Link this Profile” button located at both the top and bottom of the profile (green box). This will open a window that will allow you to define the partners relationship to the patient.

Link this Profile
CANCEL

Name	
Last Name	BOOP
First Name	BETTY
Other Name	
Middle Name	
Prefix	
Suffix	

Relationship Section:

7. In the “Relationship type” field, select from the dropdown what type of partner this is (orange box).
8. In the “Contact Type” field, select the best fitting type of contact from the drop down (pink box).
9. Fill out as much information in this section as you can, then click the “Save” button, located at both the top and bottom of the screen (circled in red). This will bring up a window showing you the partner information, and all other partners linked to the interview.
 Repeat these steps and add as many partners as you need to

SAVE CANCEL

Linked To			
Name	BOOP, BETTY	Profile ID	63156
Date Of Birth	1/1/1949	Gender	F

Relationship

*Required Entries**

Relationship Type*	-Select-	Contact Type*	-Select-
First Exposure Date (mm/dd/yyyy)	<input type="text"/>	Last Exposure Date (mm/dd/yyyy)	<input type="text"/>
Frequency	<input type="checkbox"/> time(s) a <input type="text"/> -Select-	Date Notified Of HIV Exposure (mm/dd/yyyy)	<input type="text"/>
HIV Proposed Notification Plan	-Select-	HIV Actual Notification Plan	-Select-

SAVE CANCEL

Quick Steps For Building a Partner Profile

1. After the risks have been entered, click on the "Interview Tab". This will take you to the main interview page.
2. Click on the "Link Profile" button. This will open a search screen.
3. Search for the partner in the with the search categories. For quick steps on how to search for a patient refer to page 5.
4. If the partner is not found via search, click on the "Add New Profile" button (blue box).

5. Enter the patient's information into the empty profile. The fields in black are required fields.

****Please see notes regarding the correct way to enter patient information on page 10 of the PRISM Manual****

6. Click the "Save" button (circled in blue). This will take you to a profile page.

Wyoming Department of Health
Commit to your health.

Patient Reporting Investigating Surveillance Manager (PRISM)

Profile ID - New -

Name
Enter at least one of the following*:
 Last Name* FLINSTONE
 First Name* FREDRICK
 Middle Name
 Prefix Mr
 Suffix -Select-
 Other Name FRED

Locating Information
The following fields * are required:
 Address 1 60 STONY LANE
 Address 2
 State* Wyoming
 County* Laramie
 City* Cheyenne
 Zip Code 82001
 Home Phone # 222 - 222 - 2222
 Other Phone #
 E-mail
 Verify Address

Vital Statistics
Enter one of the following † Date of Birth, Age or SSN:
 Date of Birth (mm/dd/yyyy)* 1/1/1950
 Age* -Select-
 SSN*
 Marital Status -Select-
 Birth Gender* Male
 Race* White
 Sex report to gender -Select-
 Ethnicity* Non-Hispanic/Latino

Description
 Height Feet Inch(es)
 Weight Pounds(lbs) Ounces(oz)
 Size -Select-
 Build -Select-
 Complexion -Select-
 Hair Length -Select-
 Hair Color -Select-
 Hair Style -Select-

SAVE **CANCEL**

- Click on the “Link this Profile” button, located at both the top and bottom of the screen (circled in red). This will take you to a screen where you will define the patient relationship.

Link this Profile
CANCEL

Name		
Last Name	CULLEN	Middle Name
First Name	BELLA	Prefix
Other Name		Suffix

Locating Information		
Address	25 TWILIGHT WAY Cheyenne, Wyoming 82009	
Home Phone #	County	Laramie
E-mail	Other Phone #	

Vital Statistics		
Date of Birth	2/1/1989	Date of Death
Age	28 Year(s)	SSN
Marital Status		Self Reported Gender
Birth Gender	Female	Ethnicity
Race	Unknown	Unknown

Description	
Height	Weight
Size	Build
Complexion	Hair Length
Hair Color	Hair Style
Tattoos/Marks	

Employer	
Name	
Address	
	Phone #

Insurance	
Insurance Name	
Insurance #	

Link this Profile
CANCEL

Relationship Section:

- In the “Relationship type” field, select from the dropdown what type of partner this is (orange box).
- In the “Contact Type” field, select the best fitting type of contact from the drop down (pink box).
- Fill out as much information in this section as you can, then click the “Save” button, located at both the top and bottom of the screen (circled in red). This will bring up a window showing you the partner information, and all other partners linked to the interview.
 You can repeat these steps and add as many partners as you need to

Linked To			
Name	CULLEN, BELLA	Profile ID	63168
Date Of Birth	2/1/1989	Gender	F

Relationship			
Required Entries*			
Relationship Type*	<input type="text" value="-Select-"/>	Contact Type*	<input type="text" value="-Select-"/>
First Exposure Date (mm/dd/yyyy)	<input type="text"/>	Last Exposure Date (mm/dd/yyyy)	<input type="text"/>
Frequency	<input type="text"/> time(s) a <input type="text" value="-Select-"/>	Date Notified Of HIV Exposure (mm/dd/yyyy)	<input type="text"/>
HIV Proposed Notification Plan	<input type="text" value="-Select-"/>	HIV Actual Notification Plan	<input type="text" value="-Select-"/>

Quick Steps for Entering a Negative HIV Rapid

1. Search for the patient in the search page. If you need a refresher for how to search see the search quick steps on page 5.
2. If the patient is found via search click on the patient ID number and verify their information. Skip to step 6.
3. If the patient is NOT found via search, click the “Add New Profile” button.
4. Enter the patient information in the profile including:
 - LAST NAME
 - FIRST NAME
 - CITY
 - STATE
 - COUNTY
 - ZIP CODE
 - DOB
 - BIRTH GENDER
 - RACE
 - ETHNICITY

In the case of an anonymous entry enter the following:

- LAST NAME LISTED AS “ANONYMOUS”
- FIRST NAME LISTED AS THE COUNTY IN WHICH TESTING IS BEING PERFORMED
- CITY
- STATE
- COUNTY
- ZIP CODE
- AGE or DOB
- BIRTH GENDER
- RACE
- ETHNICITY

Note: WDH Voucher Program – If you are entering an HIV test on a patient that tested positive for chlamydia, gonorrhea, syphilis, hepatitis, or HIV, it is required that you enter all information pertaining to this patient in one profile. You may not enter HIV results in an anonymous profile.

If you have additional questions about vouchers, please refer to the CDU Voucher Program Guidance.

5. Click the “Save” button located at both the bottom and top of the page.

Adding the Field Record:

6. Click on the “Episodes” tab at the top of the page (circled in blue).
7. Click on the “Add New Field Record” button (circled in red).

Date of Birth 1/1/1980 Age 37 Year(s)

Profile Episodes Linked Profiles

All Labs

Add New Field Record

Disease Section:

8. In the "Disease" field choose "900-HIV" from the dropdown menu (green box).
9. In the "Referral Basis" field choose the reason that the patient is in for the HIV test (yellow box).

Required Entries*:

Disease* 900 - HIV Initiating Area* HQ

Referral Basis* -Select- Imported Not an imported case

Interview Only FR? -Select- Notifiability -Select-

Location Method -Select-

Disposition Section:

10. In the Disposition code choose either a "3 – Negative" or "6 – Not Previously Tested, New Negative" (blue box).
11. In the Disposition Entity choose the county that your clinic is in from the dropdown list (pink box).

Entering one field in this block requires entry for all fields in this block:

Disposition Code -Select- Disposition Date

Disposition Entity -Select- Dispositioned By

HIV Section:

12. In the "Permit DIS HIV/AIDS Follow-Up" field, choose "No" from the dropdown menu.
13. If the patient has symptoms review steps 14-18, if the patient is asymptomatic, skip steps 14-18.

HIV

Permit DIS HIV/AIDS Follow-Up -Select-

Symptoms Section:

14. If the patient is reporting symptoms, select the symptom from the dropdown menu in the "Symptom" field (brown box).

15. Enter the onset date of the reported symptoms in the “Onset Date (mm/dd/yyyy)” field (gray box).
16. Enter the Duration of the symptoms in the “Duration field” (orange box).
17. Click the “Add Symptoms” button (black box).
18. Repeat steps 14-17 for each symptom.

Symptoms

Symptoms ▼

Duration ▼

Onset Date (mm/dd/yyyy)

Add Symptoms

Client Status Section:

19. In the “Results Provided to Client” Field, choose “Yes” or “No” from the dropdown menu, dependent on whether or not you gave the patient results.

Client Status

Results Provided to Client* ▼

Provider/Treatment Section:

20. “Provider County” will be automatically selected based on the county the patient lives in. If this is different from the county that your clinic is in, select the county that your clinic is from the dropdown menu and click the “Fill Provider List” button (purple box).
21. In the “Provider Type” field, select “01 – HIV Counseling and Testing Site”, from the dropdown (green box), then click the “Fill Provider List” button.
22. In the “Test/Treatment Provider Name” field, select the name of your clinic, or individual provider, from the drop down menu (orange box).
23. Under the “Provider Exam Date (mm/dd/yyyy)” enter the date that the test was performed (blue box).
24. Click on the “Add Provider/Treatment” button (pink box).

Provider / Treatment

Provider County ¹
Provider Type ¹

¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.

Test/Treatment
Provider Name

Provider Exam Date
Date Treated

Treatment*

*If you enter a Treatment, you must enter a Provider Name and Date Treated.

25. You can add any notes that pertain to the field record in the “Notes” section.

26. Click the “Update” button located at both the top and bottom of the page.

The following image is shows all of the required fields in the field record as a whole and where the “Save” buttons are located (circled in red)

SAVE CANCEL

Required Entries*

Disease* 900 - HIV
 Referral Basis* -Select-*

Initiating Area* HQ
 Imported Not an imported case
 Notifiability -Select-

Interview Only FR? -Select-
 Location Method -Select-

Entering one field in this block requires entry for all fields in this block:

Disposition Code -Select-
 Disposition Entity -Select-
 Disposition Date
 Dispositioned By

Insurance Scanned Outbreak -Select-

HIV

Permit DIS HIV/AIDS Follow-Up -Select-

Symptoms

Symptoms -Select- Onset Date (mm/dd/yyyy)
 Duration -Select-
 Add Symptoms Clear

Client Status

Results Provided to Client* No

Provider / Treatment

Provider County¹ Laramie Provider Type¹ 01 - HIV Counseling and Testing Site
¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list. Fill Provider List

Test/Treatment Provider Name -Select-
 Provider Exam Date (mm/dd/yyyy) Date Treated (mm/dd/yyyy)
 Treatment* -Select-
 *If you enter a Treatment, you must enter a Provider Name and Date Treated.
 Add Provider/Treatment Clear

Travel History

Venue
 GISP Internet Outcome -Select-

Notes - Add

SAVE CANCEL

Adding an Interview to the negative HIV

27. Click on the “Add Interview” button at the top of the field record (purple box).

The screenshot shows a navigation bar with four tabs: Profile, Episodes, Linked Profiles, and Field Record. Below the Profile and Episodes tabs are sub-tabs for History and Labs. Below the Field Record tab is the 'Add Interview' button, which is highlighted with a purple box. To the right of the 'Add Interview' button are 'EDIT' and 'CANCEL' buttons.

Main section:

28. Select the type of interview from the “Interview Type” dropdown (green box). This will by default be “Original”.
29. Select your clinic from the “First Interviewed By” dropdown menu (purple box).
30. Enter the date of the interview in the “First Date Interviewed (mm/dd/yyyy)” field (yellow box).
31. Fill out any other fields as you have the information.
32. Click on the small check box next to “HIV Section” (red box). This will expand the HIV section.

The screenshot shows a form for adding an interview. The form is divided into two columns. The left column contains the following fields: Interview Type* (dropdown menu with 'Original' selected, highlighted with a green box), First Interviewed By* (dropdown menu with '-Select-' selected, highlighted with a purple box), Re-Interviewed By (dropdown menu with '-Select-' selected), Interview Period (dropdown menu with '-Select-' selected), # of Sex Partners (text input field), and # of Sex & Needle Partners (text input field). The right column contains the following fields: First Date Interviewed (mm/dd/yyyy)* (text input field, highlighted with a yellow box), Date Re-Interviewed (mm/dd/yyyy) (text input field), Referral Service (dropdown menu with '-Select-' selected), and # of Needle Partners (text input field). At the bottom of the form is a checkbox labeled 'HIV Section' (highlighted with a red box). The form has 'SAVE' and 'CANCEL' buttons at the top right.

HIV Section:

33. In the “HIV Test” field, select “Yes” from the dropdown (blue box).
34. In the “HIV Self-Reported Status” field, choose from the dropdown menu as what status the patient identifies as when it comes to HIV (green box).
35. In the “HIV Confirmed Status” field, choose from the dropdown menu the result of the HIV test (purple box).
36. In the “Rapid Test Counseling” field, choose from the dropdown if the patient received counseling for their HIV test (pink box).
37. In the “Provider Type” field, select “01 – HIV Counseling and Testing Site”, from the dropdown (red box), then click the “Fill Provider List” button.

38. Enter the date of the counseling in the “Rapid Test Counseling Date” field.
39. Select your clinic or individual provider name from the “Rapid Test Counseling Provider” dropdown menu (orange box). If your clinic is in a different county than is selected in the “Provider County”, select the county your clinic is in from the dropdown menu and then click the “Fill Provider List” button.
40. In the “Previous Test” field, select from the drop down if the patient has had a previous HIV test, or if this is unknown (grey box).
41. In the “Previous Test Result” field, select from the dropdown the result of the previous test, or if this is unknown (black box).
42. If the patient has had a previous test, enter the date of the test in the “Previous Test Result Date” field (brown box). If this is unknown or if the patient did not receive a test, leave this blank.
43. Fill out any other information pertaining to the interview in the option fields, if you have the information.
44. Once you have filled out this portion of the interview, click the “Save” button located at both the top and bottom of the screen.

HIV Section

<div style="border: 1px solid blue; padding: 2px;"> HIV Test -Select- ▼ </div>	<div style="border: 1px solid green; padding: 2px;"> HIV Self-Reported Status -Select- ▼ </div> <div style="border: 1px solid purple; padding: 2px;"> HIV Confirmed Status -Select- ▼ </div>
--	--

HIV Confidential Case Report

Most Severe Housing Status in past 12 months -Select- ▼

HIV Rapid Test Counseling Information

<div style="border: 1px solid magenta; padding: 2px;"> Rapid Test Counseling* -Select- ▼ </div>	<div style="border: 1px solid yellow; padding: 2px;"> Rapid Test Counseling Date* <input style="width: 100%;" type="text"/> </div>		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;"> Provider County¹ Laramie ▼ </td> <td style="width: 50%; border: 1px solid black; padding: 2px;"> Provider Type¹ -Select- ▼ </td> </tr> </table> <p style="font-size: small; margin-top: 5px;">¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.</p> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Fill Rapid Test Provider List"/> </div>	Provider County ¹ Laramie ▼	Provider Type ¹ -Select- ▼	<div style="border: 1px solid orange; padding: 2px;"> Rapid Test Counseling Provider* -Select- ▼ </div>
Provider County ¹ Laramie ▼	Provider Type ¹ -Select- ▼		

HIV Previous Test Information

<div style="border: 1px solid black; padding: 2px;"> Previous Test -Select- ▼ </div> <div style="border: 1px solid black; padding: 2px;"> Previous Test Result -Select- ▼ </div>	<div style="border: 1px solid brown; padding: 2px;"> Previous Test Result Date <input style="width: 100%;" type="text"/> </div>		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;"> Provider County¹ Laramie ▼ </td> <td style="width: 50%; border: 1px solid black; padding: 2px;"> Provider Type¹ -Select- ▼ </td> </tr> </table> <p style="font-size: small; margin-top: 5px;">¹ Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list.</p> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Fill Previous Test Provider List"/> </div>	Provider County ¹ Laramie ▼	Provider Type ¹ -Select- ▼	<div style="border: 1px solid black; padding: 2px;"> Previous Test Provider -Select- ▼ </div>
Provider County ¹ Laramie ▼	Provider Type ¹ -Select- ▼		

HIV Medical Care Information

Referred to Medical Care -Select- ▼	Attend First Appointment -Select- ▼
---	---

The following image shows the interview section, the required fields in the interview record and where the "Save" buttons are located (circled in red).

The screenshot displays a web-based form for an interview record. At the top right, there are two buttons: "SAVE" (circled in red) and "CANCEL". The form is organized into several sections:

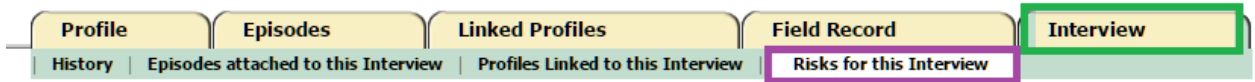
- Required Entries*:** This section contains fields for "Interview Type*" (dropdown menu with "Original" selected), "First Interviewed By*" (dropdown menu with "-Select-" selected), "Re-Interviewed By" (dropdown menu with "-Select-" selected), "Interview Period" (dropdown menu with "-Select-" selected), "# of Sex Partners" (text input), "# of Sex & Needle Partners" (text input), "First Date Interviewed (mm/dd/yyyy)*" (text input), "Date Re-Interviewed (mm/dd/yyyy)" (text input), "Referral Service" (dropdown menu with "-Select-" selected), and "# of Needle Partners" (text input).
- HIV Section** (checkbox checked): This section includes "HIV Test" (dropdown menu with "-Select-" selected), "HIV Self-Reported Status" (dropdown menu with "-Select-" selected), and "HIV Confirmed Status" (dropdown menu with "-Select-" selected).
- HIV Confidential Case Report**: This section includes "Most Severe Housing Status in past 12 months" (dropdown menu with "-Select-" selected).
- HIV Rapid Test Counseling Information**: This section includes "Rapid Test Counseling*" (dropdown menu with "-Select-" selected), "Rapid Test Counseling Date*" (text input), "Provider County¹" (dropdown menu with "Laramie" selected), "Provider Type¹" (dropdown menu with "-Select-" selected), and "Rapid Test Counseling Provider*" (dropdown menu with "-Select-" selected). A note below the provider fields states: "Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list." There is also a button labeled "Fill Rapid Test Provider List".
- HIV Previous Test Information**: This section includes "Previous Test" (dropdown menu with "-Select-" selected), "Previous Test Result" (dropdown menu with "-Select-" selected), "Previous Test Result Date" (text input), "Provider County¹" (dropdown menu with "Laramie" selected), "Provider Type¹" (dropdown menu with "-Select-" selected), and "Previous Test Provider" (dropdown menu with "-Select-" selected). A note below the provider fields states: "Optional Fields: Choose Provider County and/or Provider Type, to limit Provider Name list." There is also a button labeled "Fill Previous Test Provider List".
- HIV Medical Care Information**: This section includes "Referred to Medical Care" (dropdown menu with "-Select-" selected) and "Attend First Appointment" (dropdown menu with "-Select-" selected).
- Notes - Add**: A large text area for entering notes.

At the bottom right of the form, there are two buttons: "SAVE" (circled in red) and "CANCEL".

Adding Risks to the Negative HIV Interview

45. Once the interview is saved click on the Interview Tab (green box).

46. Under the Interview tab click on the “Risks for this Interview” option (purple box).
47. Click on the “Add Risk(s)” button (orange box). This will open up the risks that you can add to the interview.



attached to this interview yet. Click on 'Add Risk(s)' button.



48. In the risk sheet, check all of the risks that the patient has identified.
49. Once you have selected all applicable risks, click the “Save” button at both the top and bottom of the screen. This will show you a screen that shows which risks you identified with your patient.

****You do NOT need to fill all of these risks out. Just the ones the patient identifies. ****

The following image is shows the risks section, and where the “Save” buttons are located (circled in red).

Risks

HealthCare Worker:
 Prior Present Screening for Employment

History Of:

<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Blood Transfusion	<input type="checkbox"/> Blood Exposure (Under Skin)	<input type="checkbox"/> Blood Exposure (Mucous Membrane)
<input type="checkbox"/> Immunosuppressive Therapy	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Recent Pregnancy	<input type="checkbox"/> Current Pregnancy	<input type="checkbox"/> Abnormal Liver Test
<input type="checkbox"/> Pos Hep Test	<input type="checkbox"/> Pos HIV Test	<input type="checkbox"/> Prior STD	<input type="checkbox"/> Active TB	<input type="checkbox"/> Latent TB
<input type="checkbox"/> Possible Contact to Communicable Disease	<input type="checkbox"/> Reliable Risk History Unavailable			

Contact To:
 Hep B+ Hep C+ STD+ HIV+ Active TB
 Latent TB

Contact Type:
 Household Needle Share Sexual Blood Exposure

Mother - History Of:
 HIV+ Hep B+ Hep C+ STD+

Sexual History:
 Recent Exposure to STD Victim of Sexual Assault New Sex Partner (Last 2/3 Months) Multiple Sex Partner (Last 2/3 Months)

Condom Use:
With Main Partner: Always Sometimes Never N/A
With Other Partners: Always Sometimes Never N/A
With New Partner (Within Last 3 Months): Always Sometimes Never N/A
With Previous Partner: Always Sometimes Never N/A

Sex with Female:
 Yes Anal (Give Receive) Oral (Give Receive)
 Vaginal

Sex with Male:
 Yes Anal (Give Receive) Oral (Give Receive)
 Vaginal

Sex with:

<input type="checkbox"/> Anonymous Partner	<input type="checkbox"/> Partner Met Via Internet	<input type="checkbox"/> Pickup at:	<input type="checkbox"/> Bar	<input type="checkbox"/> Bath
<input type="checkbox"/> STD Infected Partner	<input type="checkbox"/> HEP + Partner	<input type="checkbox"/> HIV + Partner	<input type="checkbox"/> Hemophiliac	<input type="checkbox"/> IDU Partner
<input type="checkbox"/> Known MSM	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Multiple Partners	<input type="checkbox"/> Sex While Intoxicated or High	<input type="checkbox"/> Sex in Public or Semi-Public Place

Sex in Exchange For:
 Drugs Money Food Shelter

Drug Use:
 Cocaine Crack Heroin Nitrates or Poppers Erectile Dysfunction Meds
 Methamphetamine Other

Preferred Method:
 Injection Needle Pooling Shared Works Snorting/Snuffing Smoking
 Inhaling Injestion

Tattoo or Piercing:
 Yes Professional Non-Professional

History Of:
 Long-Term Incarceration (> 6 Months) Homelessness

Born Outside of US:
 Client - Asia Client - Africa Client - S. America
 Parent - Asia Parent - Africa Parent - S. America

Risk Evaluation Not Conducted: Tested as part of Screening Panel:
 CT/GC Hep B Hep C HIV Syphilis
 TB

50. Click on the Interview Tab again to be taken to the interview screen.

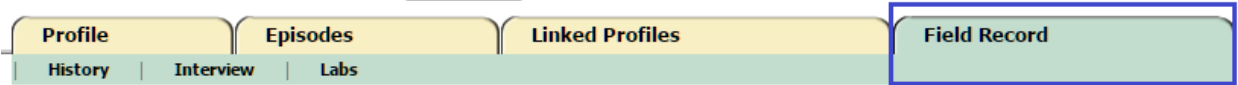
Profile	Episodes	Linked Profiles	Field Record	Interview
History	Episodes attached to this Interview	Profiles Linked to this Interview	Risks for this Interview	

51. Click the "TASK COMPLETED (Move to Supervisor)" button at the bottom of the screen and it will be moved to headquarters for closure.

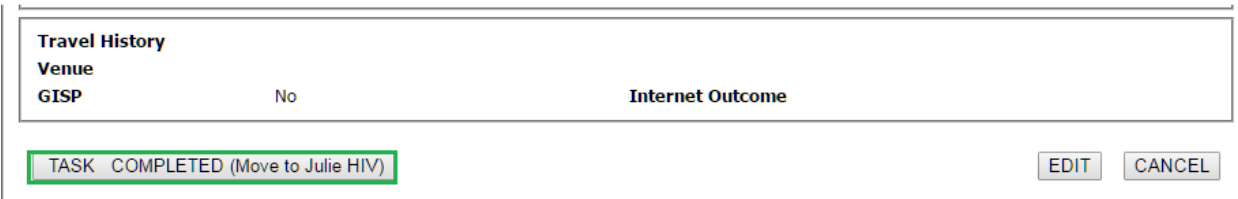
HIV Medical Care Information

Referred to Medical Care
Attend First Appointment

52. Click on the Field Record Tab (blue box).



53. Click on the “TASK COMPLETED (Move to Julie HIV)” button at the bottom of the screen and it will be moved to headquarters for closure.



Quick Steps for Editing a Maternal Record

In the field record, when you choose “Yes” in the field labeled “Pregnant” a maternal record is created by the system.

1. Click on the “Episodes” Tab (purple box).



2. Click on the “Date Initiated” for the “Maternal Record” to open it (red box).

Maternal / Congenital					
Date Initiated	Record Type	Disease	Due Date	Status	Date Closed
1/10/2017	Maternal	Hepatitis C	1/31/2017	Alive	

3. Click on the “Edit” button at the top of the maternal record.
4. Enter the due date in the “Estimated Date of Confinement” field (orange box).
5. Fill in any other information that is available for the maternal record.
6. Click the “Update” button, located at both the top and bottom of the Maternal Record.

UPDATE CANCEL

* = Required Entry

Date of Confinement (mm/dd/yyyy)*	3/25/2017	Gave Birth In Last 1 Year	-Select-
# of Weeks Pregnant		Last Menstrual Date (mm/dd/yyyy)	
Last Menstrual Date Before Delivery (mm/dd/yyyy)		Prenatal Care	-Select-
First Prenatal Visit (mm/dd/yyyy)		Last Prenatal Visit (mm/dd/yyyy)	
# of Prenatal Visits		STD Treatment During Prenatal Care	-Select-
Baby Status	-Select-		

Prenatal Provider(s) Details

Provider County †	Laramie	Provider Type †	-Select-
Provider Name †		Provider Phone †	

† Optional Fields: Choose Provider County, Provider Type, Provider Name and/or Provider Phone to limit Provider Name list. Wild card of * is allowed for phone number or name.

Fill Prenatal Provider List

Prenatal Provider -Select-

Add Provider Clear

Notes - Add

UPDATE CANCEL

Questions and Answers

- In the Questions and Answers section, PRISM will populate the disease based on the disease indicated in the field record. Click the “click to populate Disease questions and answers” button. This will expand into a questionnaire regarding treatment and testing for both during and after the pregnancy.

UPDATE CANCEL

Questions and Answers

If the disease you are looking for is not listed below, add a field record for that disease, mark the pregnancy status as "Yes", and select this maternal record's estimated date of delivery.

Select Disease Chlamydia Gonorrhea

Click to Populate Disease Questions and Answers

