



Nevada Ryan White Parts ABCD Common Guidance Document Request for Proof of Diagnosis

Client Name _____ DOB: _____

The client noted above has requested services from the Ryan White HIV/AIDS Program. The Common Guidance from Ryan White Parts ABCD requires medical verification of diagnosis to determine eligibility for services. This is only at the client's initial enrollment only.

This section is to be completed by the client only if the medical provider is not listed on the Universal Consent for Release of Confidential Information (CGD 15-51)

I hereby give my permission to _____ to release the required information to the Ryan White Parts ABCD eligibility providers.

Client Signature _____ Date _____

This section to be completed by your medical provider

DIAGNOSIS INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> HIV Positive (not AIDS) | <input type="checkbox"/> CDC defined AIDS |
| <input type="checkbox"/> HIV Positive (AIDS Status Unknown) | <input type="checkbox"/> HIV Indeterminate |

HIV Diagnosis Date: _____ AIDS Diagnosis Date: _____

If available please attach client's latest CD4 and Viral Load lab work.

Clinician Printed Name: _____

Clinician Signature: _____

License Number: _____ State Issued: _____

Telephone Number: _____ Date: _____