

**WASHINGTON HEIGHTS
CORNER PROJECT**

SEP Intake

☐ SEP
☐ PDSE

Last	First	2 digit day		2 digit year		Gender
First Name						
Date of Birth						
Gender		Male Female Transgender <input type="checkbox"/> <i>MtF</i> <input type="checkbox"/> <i>FtM</i>				
Zip Code						
Language(s)						
English Spanish French Creole Chinese Other:						
Housing Status						
Street Homeless Shelter Rents APT Friends/Family Other: Describe:						
Race/Ethnicity						
LA CA AA Asn NAm Pcls 1+ Other: <i>Ethnicity (LA)? PR DR CB MX Central Am South Am</i>						
Drug(s) Used *Check the Box if used in last 3 months*		<input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Benzos <input type="checkbox"/> Methadone <input type="checkbox"/> Alcohol		Inject Sniff Smoke Inject Sniff Smoke Inject Smoke Inject Oral Inject Oral Oral		
<input type="checkbox"/> Other Drugs:						
Years/ Frequency of Injecting		_____ times per day/week Started at age _____				
Where Does Participant Obtain/ Dispose Sy- ringes		Obtain syringes: Dispose syringes:				
HIV Info		Tested in last 6 mo? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A Status? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Refused <input type="checkbox"/> Unk <input type="checkbox"/> N/A				
HCV Info		Tested in last 6 mo? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A Status? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Refused <input type="checkbox"/> Unk <input type="checkbox"/> N/A				