

# HIV Screening Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

## Results Summary

Your HIV screening results are as follows:

- Test Result: [Positive/Negative]
- Test Date: [Insert Test Date]

## Counseling Recommendations

Based on your results, we recommend the following:

1. If Positive: Please schedule a follow-up appointment for further testing and to discuss treatment options.
2. If Negative: Continue to engage in safe practices to reduce the risk of HIV transmission.
3. Consider regular screenings every 6-12 months depending on your risk factors.
4. Contact a healthcare provider for any concerns or questions you may have.

## Support Services

We also encourage you to explore the following support services:

- [Local HIV Support Group]
- [Counseling Services Contact]

Thank you for prioritizing your health. Please do not hesitate to reach out for further assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]