GWINNETT • ROCKDALE • NEWTON
COUNTY HEALTH DEPARTMENTS

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HIV Prevention Program
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PrEP Referral Form

Patient Information:

Last Name: _____First Name: _____

Date of Birth: _____ Age: _____

Phone: _____Race: _____

Ethnicity: _____

Patient Current Address: _____

City_____ Zip Code: _____

Patient is a candidate for Pre-Exposure Prophylaxis **(PrEP)**, needs further screening and enrollment.

Additional Comments:

_____

_____

_____

Organization Referring: _____

Referral Date: ___/___/_____

Provider Referring: _____

Phone: _____

If you have immediate PrEP questions, please contact the Gwinnet, Newton, and Rockdale Health Departments PrEP Coordinator at 770-633-5069 or fax: 770-339-2345.

GNR M&M Center/ID: _____/_____