

**Personal Medical/Sexual/and Social History**

Date: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Sex Assigned at Birth (check one):  Male  Female Current Gender:  Male  Female  MTF  FTM

Additional Gender Category: \_\_\_\_\_

Allergies (List): \_\_\_\_\_

Medications (Prescription and over the counter): \_\_\_\_\_

Birth Control/method: \_\_\_\_\_ LMP: \_\_\_\_\_

**Why did you come to the Sexual Health Clinic today?**

STD/STI Screening/Testing  My partner was treated for an infection: \_\_\_\_\_

Contacted by someone from the clinic  I have a problem: \_\_\_\_\_

Other: \_\_\_\_\_

**Risk Assessment**

**In the past 90 days, have you:**

No  Yes Had sex with someone you did not know?

No  Yes Had sex with someone you met online or through a phone app?

No  Yes Accepted money or drugs for sex?

No  Yes Paid money or drugs for sex?

No  Yes Had sex with prostitutes?

No  Yes Used drugs like crack cocaine, crystal meth, or other IV drugs?

No  Yes Had more than 1 sex partner?

No  Yes Been told that one of your sex partners has syphilis or HIV?

Are your sex partners:  Men  Women  Other: \_\_\_\_\_

Had any of the following types of sex?  No Sexual Contact  Oral (mouth to penis/vagina/anus)  
 Anal (penis to anus)  Vaginal (penis to vagina)

How often do you use condoms or other barriers:  Always  Sometimes  Never

Had sex in a public place like a bar, bath house, bookstore, or park?  No  Yes

Prior HIV test date: \_\_\_\_\_  Positive  Negative  Unknown

**Are you having any of the following symptoms:**

Discharge (Vagina/Penis/Rectum)  Sores/Rash/Bumps

Fatigue/Flu-like Symptoms  Pain/Fever/Bleeding

Pregnant  Pain/Burning with Urination

### Test Results

**Results are typically received within 5 business days. Initially results will not be mailed, and results will never be left on voicemail. Check below regarding how you would like to be notified of your results.**

- “No news is good news.” If everything is negative, I will not receive a phone call.
- Phone call to this number: \_\_\_\_\_. It is okay to leave a message to call back if I do not answer. Results **WILL NOT** be left, only a message to call us back.
- Phone call to this number: \_\_\_\_\_. Do not leave any message. I will call back when I see that you have called.

**\*Please be advised that a certified letter will be mailed after 14 days if no response to positive results.**