VDH STD CONFIDENTIAL HEALTH HISTORY

Please answer all questions to help us serve you better.
ALL ANSWERS ARE CONFIDENTIAL

DO NOT WRITE BELOW THIS LINE
Exception Notes

1. Why did you come to the clinic today?
   __ I have _____.
   __ I want a STD check-up.
   __ Someone told me to come. Who? _____
   __ I had sex with someone who has
      __ Gonorrhea (GC, Clap) __ Chlamydia
      __ Syphilis __ Trichomonas
      __ HIV/AIDS Other __ what? _____

2. Please check all the symptoms you have:
   __ None __ Rash __ Discharge
   __ Burning with urination __ Abdominal pain
   __ Sore, Cut, Bump
   __ Other-what? _____

3. Are you taking any medicines? No __ Yes__ what? _____

4. Are you allergic to any medicines? No __ Yes__ what? _____

5. List any problems your partner(s) has now. _____

6. How many persons have you had sex with in the last 30 days? _____

7. When was the last time you had sex with anyone? _____

8. Check all the infections you have had in the past:
   __ Syphilis __ Trichomonas __ Pelvic infection
   __ Gonorrhea __ Chlamydia __ Warts
   __ Herpes __ HIV __ AIDS
   __ Other-what? _____

9. What kinds of sex have you had?
   __ Penis to vagina __ Penis to rectum
   __ Mouth to penis __ Mouth to vagina

10. How often do you drink alcohol? _____ How much? _____

11. How often do you use street drugs? _____

12. What street drugs do you use? _____

13. What do you do to keep from getting AIDS? _____

FOR WOMEN ONLY:

14. What do you do to keep from getting pregnant? _____

15. What was the first day of your last period? _____

16. Was it a normal period? No __ Yes __

17. Are your periods regular? No __ Yes __

18. Do you think you are pregnant? No __ Yes __

19. Are you pregnant now? No__ Yes __

Date	Reviewer
_____	_____
_____	_____

Signed: _____ Date: _____

Name:
ID #: