SEXUAL HEALTH HISTORY *This form is NOT REQUIRED for follow-up visits for treatment or testing* **Date:** _____

Part 1. Intro

Answering these questions will help us offer the appropriate tests and services for you.
We may ask you to answer these questions at each visit as your needs may change over time.

1. What brings you to the clinic today? C*heck all that apply.*
   - ☐ Screening/testing for STI/HIV only (NO SYMPTOMS)
   - ☐ For birth control or family planning
   - ☐ I have symptoms that are bothering me
   - ☐ Follow-up visit or for treatment
   - ☐ I was told to come by a partner or someone else
   - ☐ Other reason: _____

Part 2. Partners and Practices

In order to better understand your risk for STIs, we need to ask specific questions about the kinds of sex you have.
You may skip any questions that make you uncomfortable.

2. Do you feel safe in your current relationship? ☐ Yes ☐ No ☐ N/A
3. Have you ever had sex of any kind (oral, vaginal, or anal) with anyone? ☐ Yes ☐ No -> *skip to question 16*
4. How many sex partners have you had in the last two months? _____ In the last year? _____
5. When was the last time you had sex? _____ Did you use a condom? ☐ Yes ☐ No
6. How often do you use condoms when you have sex? ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ N/A
7. Does your current sex partner have other sex partners? ☐ Yes ☐ No ☐ Don't know ☐ N/A
8. Is your current sex partner here with you today? ☐ Yes ☐ No ☐ N/A
9. We have different tests that are used for different body parts. What parts of your body do you use to have sex?
   Check all that apply. ☐ Genitals (vagina or penis) ☐ Mouth ☐ Anus ☐ Other
10. Have you ever had sex with a…
    Check all that apply. ☐ Male ☐ Female ☐ Transgender person ☐ Gender non-binary person

Part 3. Past History and Protection

The following questions will help us know which tests to offer you. *You may skip any questions that make you uncomfortable*	Yes, in the past year	Yes, in lifetime	No, never
11. Have you had sex with strangers? [SH]	☐	☐	☐
12. Have you had sex with a man who has sex with other men? [SH]	☐	☐	☐
13. Have you had sex with someone who has HIV/AIDS? [SHP]	☐	☐	☐
14. Have you had sex for money, drugs, housing, or other things you needed? [SHPBC]	☐	☐	☐
15. Have you had sex with someone who exchanges sex for things they need? [SHPBC]	☐	☐	☐
16. Have you injected a drug not prescribed by a doctor? [SHBC]	☐	☐	☐
17. Have you snorted or inhaled drugs? [SHBC]	☐	☐	☐
18. Have you shared equipment for injecting or inhaling drugs, steroids, hormones, silicone, or other substances? [SHBC]	☐	☐	☐
19. Have you ever stayed in jail or prison? [BC]	☐	☐	☐
20. Have you lived with, or had sex with, someone who has hepatitis B? [B]	☐	☐	☐
21. Have you had sex with someone who has hepatitis C? [C]	☐	☐	☐
22. Have you gotten a tattoo or piercing outside of a licensed parlor? [C]	☐	☐	☐
23. Are you interested in taking medication to prevent HIV (called PrEP or nPEP)? [P] ☐ Yes ☐ No ☐ Don't know ☐ N/A			

Based on risk, offer: ***S*** *- syphilis, gonorrhea, chlamydia tests* ***H*** *- HIV test* ***P*** *- PrEP/nPEP counseling* ***B*** *- Hepatitis B test/vaccine* ***C*** *- Hepatitis C test*

- OFFICE USE ONLY –

☐ *Reviewed by:* _____ *Date:* _____

Interpreter or assistive services: ☐*Used* ☐*Declined* ☐ *N/A*

Name: _____

Title: _____ Number: _____

LABEL