**PPH STD Clinic – FEMALE assessment Form**

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

 **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message? Yes/No**

Client Information Sticker

 **Send results to PCP**

Last time of urination:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last STD screen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last HIV test? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result:\_\_\_\_\_\_

At home test? No/Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At home test? No/Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunizations:**

Received Hep A/B?

Yes No Not sure

Received Gardisal?

Yes No Not sure

**Reason for visit/notes:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | D | W | M | S |  | D | W | M | S | Rx |
| Alcohol  |  |  |  |  | Poppers |  |  |  |  |  |
| Marijuana |  |  |  |  | Heroin |  |  |  |  |  |
| Cocaine/crack |  |  |  |  |  |  |  |  |  |  |
| Crystal/speed |  |  |  |  | Benzos |  |  |  |  |  |
| Ecstasy/MDMA |  |  |  |  | Suboxone |  |  |  |  |  |
| LSD |  |  |  |  | Methadone |  |  |  |  |  |
| Mushrooms |  |  |  |  | Rx opioids |  |  |  |  |  |
| GHB |  |  |  |  |  |  |  |  |  |  |

**Do you meet partners at any of the following venues?**

Bars Craigslist

Friends Backpage

Dating apps: Cruising area

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

Date of last contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partners HIV positive: Yes/No/Not sure

Partner who injects drugs: Yes/No/Not sure

Any partners MSM? Yes/No/Not sure

Have you ever tested positive for an STD? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exchange money, housing, etc for sex? Yes/No

Do you have a BC plan? Yes/No

**Sexual contacts:**

# in 3 months: (f)\_\_\_\_(m)\_\_\_\_(mtf/ftm)\_\_\_\_

# in 12 months: (f)\_\_\_\_(m)\_\_\_\_(mtf/ftm)\_\_\_\_

**Anal** Y/N **Oral** Give/Rec **Vaginal** Y/N

How do protect yourself against STDs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationships:**

Have you ever been in an unsafe relationship or home environment? Yes/No

Are you in one now? Yes/No

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been informed that I will be tested for HIV and other STDs. I give my consent to PPH to obtain specimens for tests and administer treatment as deemed necessary.

**Use before or during sex?**

Yes

No

Sometimes

Don’t recall

Ever injected? Yes/No

Last 12 month? Yes/No

>1 year ago? Yes/No

Sharing? Yes/No