

# Medical History Form: HIV-STI-Consultation

All information is voluntary and subject to confidentiality.

## General

Reason for today's consultation: \_\_\_\_\_

Current complaints: \_\_\_\_\_

Contact requiring clarification, \_\_\_\_\_ weeks

Relationship model:  No committed relationship  Monogamous relationship  Open relationship

## Examinations

Have you already been tested for the following diseases?

Hepatitis A  Yes  No If yes, when was the last time? \_\_\_\_\_

Hepatitis B  Yes  No If yes, when was the last time? \_\_\_\_\_

Hepatitis C  Yes  No If yes, when was the last time? \_\_\_\_\_

HIV  Yes  No If yes, when was the last time? \_\_\_\_\_

Syphilis (Lues)  Yes  No If yes, when was the last time? \_\_\_\_\_

Gonorrhea  Yes  No If yes, when was the last time? \_\_\_\_\_

Chlamydia  Yes  No If yes, when was the last time? \_\_\_\_\_

## Previous Illnesses

Have you or have you had any of the following diseases?

Hepatitis A  Yes  No

Syphilis (Lues)  Yes  No

Hepatitis B  Yes  No

Gonorrhea  Yes  No

Hepatitis C  Yes  No

Chlamydia  Yes  No

HIV  Yes  No

Other sexually transmitted diseases:  
\_\_\_\_\_

**Sexual Orientation / Contacts**

Sexual orientation:  heterosexual  homosexual  bisexual  other

Number of sexual partners over the past 12 months \_\_\_\_\_

Who have you had sexual contact with?  Men  Women  Non-binary

At least one of my previous sexual partners...  is homosexual  is a bisexual man  
 is HIV-positive  has a sexually transmitted disease  
 has injected drugs  is engaged in sex work

**Prevention**

What are you vaccinated against?  Hepatitis A  Hepatitis B  HPV

How often do you practice safer sex?  Always  Frequently  Occasionally  Never

What do you use to protect against sexually transmitted diseases?  Condom  Dental dam  Gloves  
 PrEP (Pre-exposure prophylaxis)  Protection through therapy  
 Other

Would you like information about PrEP (Pre-exposure prophylaxis)?  Yes  No

**Risk information**

Unprotected vaginal intercourse  Yes  No If yes, when was the last time? \_\_\_\_\_

Unprotected anal intercourse  Yes  No If yes, when was the last time? \_\_\_\_\_

Unprotected oral intercourse  Yes  No If yes, when was the last time? \_\_\_\_\_

Other risky situations  Yes  No If yes, specify \_\_\_\_\_

No known risky situations

**Comments**

Do you have any questions or additional comments? \_\_\_\_\_

\_\_\_\_\_