

Medical History Form: Sex Work

All information is voluntary and subject to confidentiality.

General

Reason for today's consultation: _____

Current complaints: _____

Contact requiring clarification, _____ weeks ago

Relationship model: ☐ No committed relationship ☐ Monogamous relationship ☐ Open relationship

Last menstruation _____ weeks ago Last cancer screening (month, year) _____

Have you ever been pregnant? ☐ Yes ☐ No If yes, how many _____ Number of births/ abortions? _____

Known surgeries or illnesses: _____

Do you take any medication? If yes, which ones? _____

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

How long have you been engaged in sex work? (Month, year) _____

What is included in your workplaces? ☐ Brothel ☐ Club ☐ Escort ☐ Apartment
☐ Appointment Apartment ☐ Massage salon ☐ Street work
☐ Other

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? _____