

Sexual Health and History Disclosure

Name: _____

Date last updated: _____

Testing Status

<u>Disease</u>	<u>Last Test</u>	<u>Last Results</u>	<u>Previous Test</u>	<u>Previous Results</u>
HIV	_____	_____	_____	_____
Hep A	_____	_____	_____	_____
Hep B	_____	_____	_____	_____
Hep C	_____	_____	_____	_____
Chlamydia	_____	_____	_____	_____
Gonorrhea	_____	_____	_____	_____
Syphilis	_____	_____	_____	_____
HPV - Warts	_____	_____	_____	_____
HPV - High Risk	_____	_____	_____	_____
HSV -1 (Cold Sores)	_____	_____	_____	_____
HSV - 2 (Genital Herpes)	_____	_____	_____	_____
Trichomoniasis	_____	_____	_____	_____
PAP Smear (women)	_____	_____	_____	_____

Fertility Status

Surgical Sterilization? _____ Date of Surgery: _____

Men: Date of Last Sperm Count? _____ Result: _____

Method of Birth Control Currently Used: _____

Planning to have Children, if so, time scale? _____

Views on abortion in case of unintentional pregnancy? _____

Current Sexual Partners and Relationships

Name	Relationship	
	Start	First Contact

Barriered Contact				Non Barriered				STD Health Status
Manual	Oral	PiV	Anal	Manual	Oral	PiV	Anal	

