



*HIV Screening. Standard Care.™*

## Brief Sexual History Tool

Your doctor would like you to take a few minutes to ask you some direct questions about your sexual health. These questions are personal, but will help your doctor keep you healthy. We ask these questions of all patients regardless of their age or marital status. This information is just as important to discuss as information about your physical and mental health. Like the medical history you provide, this information is strictly confidential. Please check all boxes that are appropriate.

Do you have sex with  men,  women or  both?

Have you had any sex in the past 12 months?  Yes  No

*Any sex includes oral sex, where someone's mouth goes on someone's vagina or penis or anus; anal sex, where someone's penis goes into an anus; or vaginal sex, where someone's penis goes into a vagina?*

In the past 12 months, how many partners have you had sex with? \_\_\_\_\_

Do you or your partner use condoms for any of the types of sex described above?

Yes If yes, which ones,  oral,  vaginal or  anal?

No

Have you ever been tested or treated for any sexually transmitted diseases (STDs), including chlamydia, gonorrhea, syphilis, herpes, or HIV?

Yes If yes, which ones,  chlamydia,  gonorrhea,  syphilis,  herpes,  HIV

No

We recommend routine HIV and some STD testing as part of regular medical visits. Would you like to be tested for HIV, gonorrhea, chlamydia or syphilis today?  Yes  No If no, reason why:

Before you leave today, we'd like to provide you with important information that can help you protect yourself from sexually transmitted diseases, including HIV. Please check the topics that most interest you.

*(Check all that apply)*

Condom Use  Birth control  Discussions with sex partners  Regular check-ups  Abstinence

Other (specify) \_\_\_\_\_

If you have any questions about this form or sexual history, please ask the doctor when you meet today.

Thank you.



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**AIDS**

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