1. Partners

For sexual risk, one of the most important areas to determine is the number and gender of your patient’s sex partners. Never make assumptions.

- How many sex partners have you had in the past 12 months?

  NONE (go to question #2)

  ONE

  MORE THAN ONE

It is still important to take a sexual history when a patient reports no sexual activity within the last 12 months but indicates sexual activity in the past.

Your Partner’s

(a) Gender _______________________
(b) Drug use _______________________
(c) Other sex partners ______________
(d) Length of relationship ____________

Number of partners
Gender of partners
Use of condoms
Other risk factors (e.g. alcohol & drug use)

2. Practices & Protection from STDs

Asking about other sex practices will guide risk-reduction strategies and identify anatomical sites from which to collect specimens for syphilis, HIV, and other STD testing.

- What kind of sexual contact do you have or have you had?

<table>
<thead>
<tr>
<th>Have Sexual Contact</th>
<th>Currently</th>
<th>In the Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital (penis in vagina)</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Anal</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Oral</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>

Condom Use: Always Sometimes Never

3. Past History of STDs

- Have you ever been tested for STDs?

  YES

  NO

What was the result?

- Don’t know/remember
- An STD diagnosis

Which STDs? _______________________

When? _______________________

What happened?

- Treatment?
- Recurrence?

Did your partner get tested & treated at that time?

- Yes
- No

Counsel patient on risk behaviors and prevention of STDs.
3. Past History of STDs (cont.)

- Has your current partner or have any of your previous partners ever been diagnosed or treated for an STD?
  
  ![Flowchart for Past History of STDs]

  - No
  - Yes

  Do you think they’d like to be tested?
  
  - No
  - Yes

  Provide referral information or tell your patient to bring his or her partner to your office.

  Counsel patient on risk behaviors and prevention of STDs.

4. Protection from Pregnancy

- Are you currently trying to conceive or father a child?
  
  ![Flowchart for Protection from Pregnancy]

  - No
  - Yes

  What type(s) of birth control measures are you using?

  - No
  - Yes

  Do you need more information about birth control?
  
  - No
  - Yes