

Label here

STD Clinic Visit Questionnaire

Please answer the questions below by circling **Yes** or **No**. Your answers will help us give you the care you need and deserve.

Do you have any symptoms now that you think might be from an STD, including HIV? STD symptoms can include burning or irritation when urinating (peeing); discharge (drip or ooze) from the head of the penis; abnormal or foul-smelling discharge from the vagina; itching; pain in the belly; pain in the scrotum (balls); skin rash, sores, or bumps; hair loss; swollen lymph nodes (glands); sore throat; fever; and generally not feeling well.	No	Yes	<i>If yes, what are your symptoms? Please write them here:</i>
Have you had oral, anal, or vaginal sex with someone who you know has an STD in the past year ?	No	Yes	<i>If yes, please tell us which STD (if you know):</i>
Have you had oral, anal, or vaginal sex with someone who you think might have an STD in the past year ?	No	Yes	<i>If yes, please tell us which STD (if you know):</i>
Did someone you had sex with tell you to go to the clinic because you might have gotten an STD or HIV from them?	No	Yes	<i>If yes, please tell us which STD (if you know):</i>
Did someone from the Health Department tell you to come to the clinic because you might have had sex with someone who has an STD or HIV?	No	Yes	<i>If yes, please tell us which STD (if you know):</i>
Are you pregnant ?	No	Yes	
Are you here to get results from tests that you already had here at the clinic?	No	Yes	
Are you here because someone from the clinic called you back for a treatment?	No	Yes	
Are you here to get a hepatitis vaccination ?	No	Yes	
Do you want an HIV test today?	No	Yes	
Do you want an EXPRESS visit today, if you are able to have one? For more information on EXPRESS visits, see the sheet called "EXPRESS visits at the STD clinic: Frequently asked questions."	No	Yes	
If you have an EXPRESS visit , you won't have a physical exam. Is that OK with you?	No	Yes	

Please return this form to the registration desk when you are finished. Thanks!

Ver 17, 11/19/09

Clinic use only: EXPRESS visit: __ Y __ N. Initials, date and time: _____