



STD Screening Questionnaire

Name: _____

Date of Birth: _____

Reason for Visit:	Current Symptoms	For how long	Location
Referred by Health Care Provider or ED: Yes No	Discharge Yes No		
Exposed to partner with symptoms: Yes No	Burning Yes No		
You are a contact to person treated for:	Sores Yes No		
Other: _____	Rash Yes No		
	Itching Yes No		
	Pain Yes No		
	Painful		

Date of last sexual contact: _____ Condom use: _____%

Number of partners in the last 2 months: _____

Number of partners in the last 12 months: _____

Please name all partners in the last 3 months: _____

Type of contact: (Circle all that apply): **Oral Vaginal Anal Male Female Both**

Paid for Sex **Yes No**

Sex under the influence of drugs/alcohol? **Yes No** Injectable drug use (self/partner) **Yes No**

Had sex with HIV (+) partner **Yes No** Shared Needles **Yes No**

Had sex with a bi-sexual male **Yes No** Sex for money/drugs **Yes No**

Last Period: _____ Normal: **Yes No** Are you pregnant? **Yes No Unsure**

Breastfeeding? **Yes No** Last Pap Smear: _____

Current Birth Control Method: _____ Douche (Frequency/Last): _____

Current/recent medications: _____ _____ _____ _____ Allergies: _____ _____ _____	History of prior STD treatment: Chlamydia Yes No Gonorrhea Yes No Herpes Yes No Syphilis Yes No Genital Warts Yes No NGU Yes No Yeast Infection Yes No Hepatitis C Yes No Exposure to STI Yes No	Treatment Date:
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Last Name: _____ First Name: _____ DOB: _____

Street Address: _____ City: _____ St: _____ ZIP: _____

Mailing Address (if different from above): _____

Preferred Phone: _____ Other Phone: _____

Race: (select one or more)

_____ Asian/Pacific Islander/Other

_____ Black or African American

_____ Caucasian/Mexican/Puerto Rican

_____ Chinese

_____ Filipino

_____ Other _____

_____ Hawaiian

_____ Native American/Alaska Native

_____ Japanese

_____ Other Non-White

_____ White

Ethnicity: Hispanic/Latino _____ Yes _____ No Gender: _____ Male _____ Female

Primary Case Provider: _____

Payment Type: Insurance Self-pay Bill to business

- Please be honest on all answers, it helps the nurse to know what testing may be needed.
- Depending upon the testing done today, it may be up to a week before you will receive results.
- You will be called with your results at the number you provided. If no answer, a message will be left requesting you to call into the Health Department for your results. Please call back as soon as possible.
- Depending upon the outcome of your testing, you may be asked to provide a list of sexual contacts that you have been with recently.
- Treatment for STIs will be provided by the Health Department.

***All notifications to partners are
anonymous.***