



**Lake Region Family Planning
STD Risk Assessment
Sexual Health History**

Name: _____
Date: _____

True/False: “I am in a faithful relationship longer than one year, and we do not use IV drugs”.
 **** If you answered **TRUE** to the above statement, **STOP!! DO NOT** to complete this form****

Have you ever had sex with a male?	Yes/No
In the last 5 years, have you ever had sex with a male?	Yes/No
Have you ever had sex with a female?	Yes/No
In the last 5 years, have you ever had sex with a female?	Yes/No
Have you ever had sex with someone that identifies as Transgender?	Yes/No
In the last 5 years, have you had sex with a Transgender Person?.....	Yes/No
Have you ever injected drugs?	Yes/No
In the last 5 years, have you ever injected drugs?	Yes/No
Have you ever shared IV drug equipment while injecting drugs?.....	Yes/No

PARTNERS in the last 12 months *Check all that apply**
 At what age did you start having sex? _____
 My current partners: Males Females Transgender use IV drugs are bisexual
 are having sex with multiple partners have a history of STDs have a history of PID
 Date of most recent sexual activity: _____ Length of Current Relationship: _____
 With how many partners have you had sex in **past 60 days?** 0 1 2 3-4 >5
 I am worried that my partner may be (or is) unfaithful to me: **Yes/No**
 I have had sex with an anonymous partner (dating apps, met at a bar, etc.) **Yes/No**

PRACTICE in the last 12 months *Check all that apply**
 What type of sex have you had in the past 12 months OR since your last STD test? Vaginal
 Oral Sex-perform Oral Sex-receive Anal Sex-receive Anal Sex-perform N/A
 Are you having consensual sex? **Yes/No** (*Both parties are consenting*)

PAST HISTORY of STD Have you ever tested positive for: *Check all that apply**
 Chlamydia Gonorrhea Hep C Syphilis Trich n/a When: _____
 I have been tested for HIV before: **Yes/No** Results? _____ When _____
 Have you been in contact with blood products or had a blood transfusion? **Yes/No**

PROTECTION from STD in the last 12 months
 How often do you use condoms to protect yourself from HIV? Always Never Sometimes
I understand that the best way to prevent STD is to use condoms with all sexual relations. and I understand that partner reduction reduces the risk of STD **Yes/No**

TODAY

I would like to be tested for routine STDs: **Yes/No** (Chlamydia & Gonorrhea)
 I would like to discuss risk factors for additional testing. **Yes/No**