

Gunnison County Health and Human Services
Public Health phone: 970.641.0209
225 N Pine St, Suite E
Website: www.GunnisonCounty.org

Family Planning Consent & Progress Note for STI/HIV SCREENING

Name: _____ Date of Birth: _____

Allergies: _____ Medications: _____

Date of last intercourse: _____ Birth Control method: _____

Have you had unprotected sex in the last 5 days: Yes No Date: _____ Time: _____

Number of sexual partners in last 2 months: _____ Number of sexual partners in last year: _____

Does your sexual partner have other sexual partners: yes no unknown?

Are your sexual partners: male female both? Do you have: oral sex vaginal sex anal sex?

Have you or your sexual partner(s) ever used needles for drugs (shoot drugs) yes no unknown?

Have you ever had an STI in the past? yes no If yes, did you receive treatment? yes no

Received blood transfusion or products before 1986? yes no

Sexual abuse or assault? yes no

Received money or drugs in exchange for sex? yes no

Male who has sex with men or bisexual male? yes no

Occupational exposure to body fluids (as a health worker)? yes no

Recipient of artificial insemination, bone or tissue transplant? yes no

Had sexual exposure with a person with HIV infection/AIDS? yes no

Had sexual exposure to a person with hemophilia? yes no

Do you have any other concerns or symptoms? _____

I certify to the accuracy of the above information and I consent to having STI and/or HIV testing done. I understand if I have symptoms I will see a medical physician.

Signature: _____ Date: _____

FOR STAFF USE ONLY

TESTING PERFORMED:

- Gonorrhea/Chlamydia (urine)
- HIV (finger stick) results _____
- Syphilis/HSV (blood draw)

PLAN:

- Dispensed condoms
- Advised to repeat testing? _____

EDUCATION PROVIDED:

- Risk Reduction Counseling
- Safe Sex/Barrier Methods
- Contraception Options (male & female)
- Emergency Contraception
- Healthy Relationships/Partner Coercion

Progress Note: _____

Provider Signature and Title: _____ **Date:** _____