[_____]
Patient name

[_____]
ID Number

What is the main reason for your visit today?

Check symptoms you are having: ❑No complaint ❑discharge ❑odor ❑sores
❑ pain in genital area ❑rash ❑bumps ❑testicle pain ❑genital itch
❑ burning/pain with urination ❑frequent urination ❑other:

When did your symptoms start?

Have you taken any medications or done anything to relieve the symptoms?

Are you allergic to any medicines or foods? ❑ yes ❑ no If you answered yes, please list what medicines or foods you are allergic to and your reaction to each:

Current medications (*Prescription / Over the counter)*: ❑ None ❑Multivitamins ❑ Folic Acid ❑Calcium
❑Birth Control (Type: _____) ❑ Other:

Have you had any hospitalizations, major injuries, or surgeries? ❑ yes ❑ no If you answered yes, please briefly explain:

List any Currently Diagnosed Medical Conditions:

Tobacco Use/ Smoke Exposure (cigarettes, cigars, pipe, dip, chew, snuff): ❑Never used ❑ Exposed to smoke
❑Past user: type _____ ❑Use now: type_____ (# per day _____)

Alcohol: ❑None ❑Seldom: type_____ ❑Occasional: type_____
❑Frequent: type_____

Street Drugs: ❑None ❑Seldom: type_____ ❑Occasional: type_____
❑Frequent: type_____

Abuse / Neglect / Violence: ❑ No fear of harm ❑Pressure to have sex ❑Forced sexual contact
❑Fear of verbal/physical abuse ❑Daily needs not met

Sexually Active with: ❑ Males ❑ Females ❑ Both males and females ❑ Anonymous partners

Number of partners: in past month: _____ in past 2 months: _____ in past 12 months: _____

In the last 60 days,

Have you had oral sex: ❑no ❑yes; when _____ given / received/ both Partners: Male Female Both
Have you had genital sex: ❑no ❑yes; when _____ Partners: Male Female Both
Have you had anal sex: ❑no ❑yes; when _____ given / received/ both Partners: Male Female Both

Have you been treated for any STDs in your past? Check all that apply. ❑Chlamydia ❑Gonorrhea
❑Herpes ❑HIV/AIDS ❑HPV or Genital Warts ❑Syphilis ❑Trichomoniasis ❑Other:

Date of last HIV test: _____

Do you use condoms? ❑ALWAYS ❑SOMETIMES ❑NEVER

FEMALES ONLY:

First day of last menstrual period: ____/____/____ # of pregnancies _____ # of live births _____

When was your last PAP? ____/____/____ Was the result normal? ❑ Yes ❑ No Explain:

Are you trying to get pregnant now? ❑Yes ❑No Have you douched in the last week? ❑Yes ❑No

Patient Signature: Healthcare Provider Signature: Date:

TO BE COMPLETED BY HEALTHCARE PROVIDER

PREVENTIVE HEALTH EDUCATION: *check counseling topics discussed today*

❑ STD	❑ Condom use for STD	❑ ATOD / Cessation	❑ Cancer	❑ Family planning
❑ HIV	❑ Condom use for Pregnancy prevention	❑ Mental Health	❑ SBE /Mammogram	❑ DV/SA/Abuse
❑ HIV Pretest	❑ PPT - Options counseling	❑ Preconception / Folic Acid	❑ Pelvic / Pap	❑ Minor FP Patient Counseling – Sexual coercion. Abstinence. Benefits of parental involvement in choices.
❑ Partner Notification			❑ STE / PSA	
❑ Risk Reduction			❑Reproductive Life Plan Assessment	

Educational Handouts: ❑ STD ❑ HIV ❑ FPEM ❑ CSEM ❑ Other:

Patient verbalizes understanding of education given ❑

Patient Label

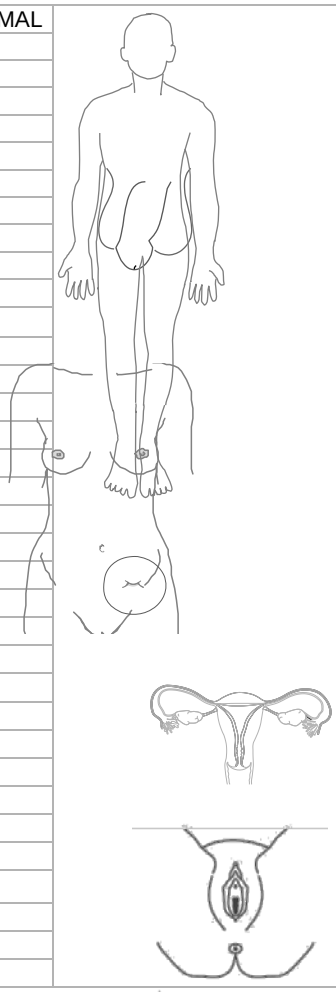
Is there a risk of exploitation ❑Yes ❑No

Sexually active minors: Age of partner: _____

SUBJECTIVE / PRESENTING PROBLEM:

OBJECTIVE: General Multi-System Examination

SYSTEM		NL	ABNORMAL
Constitutional	General appearance		
	Nutritional status		
	Vital signs		
HEENT	Head: Fontanels, Scalp		
	Eyes: PERRL		
	Conjunctivae, lids		
	Ear: Canals, Drums		
	Hearing		
	Nose: Mucosa/ Septum		
	Mouth: Lips, Palate		
	Teeth, Gums		
	Throat: Tonsils		
Neck	Overall appearance		
	Thyroid		
Respiratory	Respiratory effort		
	Lungs		
Cardiovascular	Heart		
	Femoral/Pedal pulses		
	Extremities		
Chest	Thorax		
	Nipples		
	Breasts		
Gastrointestinal	Abdomen		
	Liver / Spleen		
	Anus / Perineum		
Genitourinary	Male: Scrotum		
	Testes		
	Penis		
	Prostate		
	Female:Genitalia		
	Vagina		
	Cervix		
	Uterus		
	Adnexa		



SYSTEM		NL	ABNORMAL
Lymphatic	Neck, Axilla, Groin		
Musculoskeletal	Spine		
	ROM		
	Symmetry		
Skin / SQ Tissue	Inspection(rashes)		
	Palpation (nodules)		
Neurological	Reflexes		
	Sensation		
Psychiatric	Orientation		
	Mood / Affect		

EXPLANATION OF ABNORMAL FINDINGS:

ASSESSMENT:

PLAN:

Testing today:
- ❑ GC urine
- ❑ GC swab
- ❑ UA
- ❑ VDRL
- ❑ Pap
- ❑ Hgb
- ❑ Wet Mount
- ❑ Blood Glucose
- ❑ Urine PT / UCG: ❑Pos ❑Neg
- Planned pregnancy? ❑ Yes ❑ No
- ❑Other:
- ❑ Chlamydia urine
- ❑ Chlamydia swab
- ❑ TST
- ❑ HIV Blood
- ❑ HIV Oral
- ❑ Cholesterol
- ❑Herpes Culture

Medications/Supplies: ❑ N/A
- ❑Condoms: # given _____
- ❑ Condoms offered; pt. declined
- ❑ Bicillin _____
- ❑ Metronidazole _____
- ❑ Rocephin _____
- ❑ Ceftriaxone _____
- ❑ Zithromax _____
- ❑ Doxycycline _____
- ❑ MV/Folic Acid: # given _____
- ❑Other:_____
- ❑ Counseled on Benefits, SE and adverse reaction to medications given.

Recommendations made to client, for scheduling of follow-up testing and procedures, based on assessment: ❑ N/A
- ❑ Vision / Hearing
- ❑ Speech
- ❑ Dental
- ❑ Hgb
- ❑ Sickle Cell
- ❑ Lead
- ❑ UCG / HCG
- ❑ Developmental Scr. Tests
- ❑ Other:
- ❑ FBS / GTT
- ❑ Lipid Screen
- ❑ Pap Smear
- ❑ Mammogram
- ❑ Ultrasound
- ❑ TST / CXR
- ❑ Liver Panel

Referrals made: ❑ N/A
- ❑ PMD
- ❑ Pediatrician
- ❑ Specialist:
- ❑ Radiology
- ❑ MNT with RD
- ❑ Medicaid
- ❑ Social Services
- ❑ 1-800-QUIT-NOW
- ❑ Cooper Clayton Classes
- ❑ Other:
- ❑ HANDS
- ❑ WIC
- ❑ FP

Healthcare Provider Signature: Date: Recommended RTC: