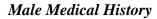


MEDICAL / FAMILY / IMMUNIZATION HISTORY						ly History		
Aller	gies					No		
Yes	No	Are you allergic to any drugs, medicines, or latex?			☐ ☐ Are you adopted? Has anyone in your family ever had the following?			
			d what	is the reaction?	Yes N	No ⊒ Blood disease	Who?	Age when Diagnosed
Curre	ent Me	dications				☐ Coronary artery disease		
Yes	No			cation (prescription, over		☐ Heart attack		
		the counter, vita				☐ Blood Clots ☐ CVA (Stroke)		
If yes, list medication and doses:						☐ Diabetes ☐ High Cholesterol		
		al History				☐ High blood pressure		
		ver had: (please		or No):		☐ Osteoporosis		
	No	:-	Yes	No		☐ Kidney failure		
	☐ An			☐ High Cholesterol		☐ Breast cancer☐ Testicular cancer		
	☐ As	nign Prostatic		☐ High blood pressure☐ Infertility		☐ Colon cancer		
_		pertrophy		☐ Crohn's/colitis/		Other		
		eeding disorder	_	constipation	Immunization History			
		ood transfusion		☐ Kidney failure	Yes No			
	☐ Ca	incer		☐ Liver disease		☐ Are your immunization		
	□ Str			■ Migraine		☐ Have you received you	ur MMR vaccinat	ion?
		lamydia		☐ Heart attack		If yes, when?	01/2	
				☐ Osteoporosis	☐ ☐ Have you received HPV? If yes, how many doses? ☐ 1 ☐ 2 ☐ 3			1 2
		pression		☐ Psychiatric disorder	REPE	RODUCTIVE HISTORY	55: 4 1 4 2 4	1 3
		abetes ug/alcohol		□ Blood clot in the lungs		raceptive History		
_		ug/alcorlor use		☐ Seizure/epilepsy		h birth control methods ha	ave vou used in t	he past?
		ting disorder		☐ Suicide attempt		/lale condom	□Unplanned p	
ū		ıllbladder		☐ Syphilis	☐ P	artner method	□None, same	
	dis	sease		☐ Thyroid disease		Male sterilization	■None, other	reason
		enital herpes		□ Tuberculosis		Vithdrawal	□Unknown	
		☐ Genital warts ☐ ☐ UTI, recurrent			lot sexually active	□Other		
		norrhea		□ Valvular heart	Comr	ments/problems with meth	nod, list below:	
		art failure		disease				
		patitis B patitis C		☐ Kidney stones☐ Trichomonias				
_		V/AIDS		☐ Other	000	IAL HIOTODY		
ā		otting disorder		— • • • • • • • • • • • • • • • • • • •		IAL HISTORY lal Practices / STI Risk		
					Yes			
		cal History				☐ Have you had intercou	ırse vet?	
		nave you ever h	ad?	Year		Thave you had interest		
Yes		1				If yes, how old were y	ou the first time	you had
		pendectomy			intercourse?			
		Cataract extraction			How many sex partners have you had in the past			
_		☐ Gailbladder removed				year?		
ū		☐ Heart surgery			Check the types of sexual activity you have had? ☐ Anal insertive ☐ Anal receptive ☐ Anal both			
		☐ Hernia repair						Anai both None
		Liver biopsy			☐ Va	partners are: Men		□ Both
		☐ Prostate biopsy				partner's partners:	- WOITIGH	<u> </u>
		□ TURP			□ Me		☐ Both	□ Unknown
	□ Vasectomy					□Sometimes	□Never	
	☐ OTHER					t method of birth contro		
						-	- •	
	<u> </u>							

Form 1602 Revision 5/5/15 Clinician Initials_____





Sexua	al Practices / STI Risk (cont'd)	Substance Abuse		
Yes N	lo Unknown	Yes No		
	I □ Is your partner having sex only with you?	□ □ Have you used street drugs in the past?		
	Have you had a new partner since your last	Type		
	STI test?	☐ ☐ Are you currently using street drugs?		
	,	Type		
	12 months?	□ □Do you use alcohol?		
	- /	per day/week/month		
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
	60 days?	Do you use tobacco?		
		□Yes □No □Formerly Type		
	, , , ,			
		How much/often?		
		Lifestyle Challenges / Support		
	• • • • • • • • • • • • • • • • • • • •	Yes No		
		□ □ Have you/are you experiencing abuse?□ □ Have you been forced to have sex?		
		Thave you been forced to have sex:		
Patien	t Signature	Date		