

DATE: _____ LOBBY #: _____



PATIENT LABEL

STD CLINIC VISIT QUESTIONNAIRE

Please indicate the reason for your visit today (check all that apply):

STD Testing:

- I have symptoms.
- I do not** have symptoms.*

HIV Testing:

- I want a **HIV** test.*
- I want a **HIV COURT ORDERED** test.*

OTHER REASONS:

- Someone I had sex with told me to come to the clinic because they have an STD:
 - gonorrhea chlamydia syphilis other: _____
- Someone from the Health Department told me to come to the STD clinic to:
 - be tested for STDs.
 - be treated for STDs.*
 - get treated for genital warts/molluscum with liquid nitrogen.
 - get symptoms re-checked.
 - provide another blood or urine sample.
- I am here to get STD/HIV test results.*
- Vaccination/Immunization (Hepatitis shot)*
- Other: _____