

DATE: \_\_\_\_\_ LOBBY #: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

PICTURE   
I.D. CHECK   
SECURITY QUESTIONS



Barcode Label

## STD CLINIC VISIT QUESTIONNAIRE

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

### HIV Testing Only:

- I only want an **HIV** test.
- I need an **HIV COURT ORDERED** test.

### HIV and STD Testing:

- STDs/HIV testing:  
**Symptoms:**     Yes     No     Unknown
- Someone I had sex with has symptoms or tested positive for an STD:  
 gonorrhea     chlamydia     syphilis     unknown     other: \_\_\_\_\_
- Have you been exposed to HIV in the last 72 hours?

### Other:

- nPEP
- PrEP
- Test Results
- Specimen collection
- Vaccination / Immunization: \_\_\_\_\_
- Other: \_\_\_\_\_