

OPTIONS CLINIC HIV COUNSELLING FLOW SHEET

ID# _____ Gay _____ Bi _____ Het _____ Date _____

_____ 1st test Last result _____ Neg _____ Pos _____ Where _____ Date _____

Reason for test _____

HIV Symptoms – fatigue, weight loss, diarrhea, flu-like symptoms, skin rash, night sweats, thrush

(Women) changes in menstrual cycle, yeast infections, PID _____

Other STIs _____

MLHU Awareness _____ Free Clinic _____ Inoculation _____

RISK HISTORY

ANAL PASSIVE _____ NO

No condom _____

Condom breakage _____

Intact condom _____

SEX TOYS _____ NO

Shared unsafely _____

Shared safely _____

Never shared _____

ACTIVE FELLATIO _____ NO

With semen _____

No semen _____

With condom _____

OTHER PRACTICES _____ NO

Crack/cocaine _____

Recreational drugs _____

Tattoos/Piercing _____

TRANSFUSION _____ NO

ANAL ACTIVE _____ NO

No condom _____

Condom breakage _____

Intact condom _____

VAGINAL SEX _____ NO

No condom _____

Condom breakage _____

Intact condom _____

ACTIVE CUNNILINGUS _____ NO

With blood _____

No blood _____

With barrier _____

INJECTION DRUG USE _____ NO

Shared unclean _____

Shared clean _____

Never shared _____

NEEDLE STICKS _____ NO

KNOWN HIV + INTIMATE CONTACTS _____ NO

Last Exposure ____ / ____ / ____ High Risk _____ Low Risk _____ 12 Weeks _____

Notes _____