



Today's Date:

Date of Birth:

Age:

Name:

Reason for Visit:

Penile Discharge:    yellow            green            white            brown  
                                  mucous            creamy  
 Itching    Rash    Redness    Bumps    Sores

For how long?

Suspected exposure to:    Chlamydia            Gonorrhea            Trichomoniasis            Herpes            Syphilis

**Sexual History**

Age at first intercourse:

Number of sex partners in the last 6 months:

Last time you had sex:

Protected            Unprotected

Have you ever had:            Vaginal sex            Oral sex            Anal sex

Do you have sex with:            Men            Women            Both            Other            None

Have you ever forced to have sex?            Yes            No

**History of Sexually Transmitted Infection**

None	Gonorrhea
Chlamydia	Herpes
Genital warts	HIV/AIDS
Syphilis	Trichomoniasis
PID	Other: