**SEXUAL HISTORY FORM**

<table>
<thead>
<tr>
<th>Patient Name: ___________________________________________</th>
<th>Medical Record #: ___________________</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth: / /</td>
<td>Sex: M / F / TG</td>
<td>Females GYN: _____ LMP</td>
</tr>
<tr>
<td>Age: ___</td>
<td>LMP Normal: YES / NO _____ Menarche _____ # to term _____ # abortions</td>
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### Key Message for Patient

#### SEXUAL ACTIVITY

- **Sexual health** is an important part of general health, so I always talk to my patients about it. If it's okay with you, I’d like to ask you some questions now.

- **Sexual activity**
  - Circle the answer
  - Currently sexually active: Yes / No
  - Sexually active ever: Yes / No
  - Sexual partners: Men / Women / Both
  - Type of sexual activity: Vaginal / Anal / Oral Sex

#### CONTRACEPTION

- If you are not interested in becoming pregnant soon, regular use of safe and effective contraception is important. Many effective methods are available according to your health status and risk factors, as well as your personal preference.

- **Contraception**
  - Circle or fill in the answer
  - Pregnancy/Fatherhood intention: Yes / No
  - Contraception (birth control) use
    - If yes, what method
  - If no contraception used, why
  - Method satisfaction: Satisfied / Somewhat Satisfied / Not Satisfied
  - Interested in a different contraception method: Yes / No
  - Knowledge of emergency contraception ("morning-after") pill: Yes / No
  - Emergency contraception use ever: Yes / No

#### HIV / STD HISTORY

- No matter what form of birth control you choose, always use latex or polyurethane male condoms or female condoms to prevent HIV and other sexually transmitted diseases (STDs).

- **HIV / STD History**
  - Circle or fill in the answer
  - Condom use in past last year: Always / Sometimes / Never
  - Condom use with last sexual activity: Yes / No
  - Type of condoms used: Male / Female
  - Diagnosis of HIV or other STD(s)
    - Most recent HIV test date: Date: / / + – / / Unknown
    - HIV status: + – / / Unknown
    - Other STD(s): + – / / Unknown
  - Treated for HIV or other STD(s): Yes / No
  - Partner history of HIV or other STD(s)
    - If yes, which one
  - Has your current partner(s) ever been tested for HIV
    - If yes, result if known: Yes / No
    - + – / / Unknown

#### COUNSELING AND RISK REDUCTION

<table>
<thead>
<tr>
<th>Contraception Methods/Condom Use</th>
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<tr>
<td>Emergency Contraception</td>
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<td>HIV/STD risk reduction</td>
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**THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE**

Michael R. Bloomberg, Mayor

Thomas R. Frieden, M.D., M.P.H., Commissioner

nyc.gov/health