Sexual History Questionnaire

****Must be completed for all patients age 13 and above****

Patient Name: _____ **Patient Gender:** M ☐ F ☐

Patient DOB: _____ **LMP:** _____ **Todayôs Date:** _____

Have you had sex in the last 12 months (vaginal; oral; or, anal)? Yes☐ No☐

If **YES**:

with men only ☐

with women only ☐

with both men and women ☐

If **YES**:

Was protection used? Yes ☐ No ☐

How often was protection used?

All of the time ☐

Most of the time ☐

90% of the time ☐

80% of the time ☐

70% of the time ☐

60% of the time ☐

Half of the time ☐

Some of the time ☐

20% of the time ☐

10% of the time ☐

None of the time ☐

community health centers

Sexual History Questionnaire continued

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What prevention strategies would you like to discuss at your appointment?

- Abstinence ☐
- Condoms ☐
- Other ☐

Have you ever had an STD (Sexually Transmitted Disease)? Yes ☐ No ☐

If **YES**, please mark an **X** in the following boxes which apply:

- Chlamydia ☐
- GC ☐
- Syphilis ☐
- Herpes ☐
- Other ☐

****Please present completed questionnaire to your Providerôs Clinical Assistant at your appointment****

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Center Locations: Apopka, Eatonville, Lake Ellenor, Leesburg, Pine Hills, South Lake, Winter Garden, Zellwood