MODEL FORM

FAST TRACK ASSESSMENT

Why did you come to clinic today?

❒ STD Screening / Testing

❒ My partner was treated for an infection

❒ I have a problem

❒ Contacted by someone from the clinic

❒ Other _____

Risk Assessment

NO	YES	In the past 90 days, have you:
❒	❒	Had sex with someone you did not know?
❒	❒	Had sex with someone you met on line or through a phone app?
❒	❒	Accepted money or drugs for sex?
❒	❒	Paid money or drugs for sex?
❒	❒	Had sex with prostitutes? (Male or Female)
❒	❒	Used drugs like crack cocaine, crystal meth, or other IV drugs?
❒	❒	Been told that one of your sex partners has syphilis or HIV?

FOR MEN ONLY **In the past 90 days, have you:**

❒	❒	Had sex with other men
❒	❒	Had sex in a public place like a bath house, book store, or park?

Prior HIV test date: _____

❒ Positive ❒ Negative ❒ Unknown

How often do you use condoms or other barriers:

❒ Always ❒ Sometimes ❒ Never

If any "yes" answers, refer to clinician.

Staff Signature: _____

Date: _____

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Client Information

Date: _____ Contact Number _____

Alternate Contact Number _____

Name: _____

Address: _____

City, State, ZIP: _____

DOB: _____ Sex: _____ Race: _____

Sex at Birth: _____ Male _____ Female

Gender ID: ❒ M ❒ F Self-Define:_____

LABEL

Record Number: _____

Allergies: _____

Are you having any of the symptoms listed below?

_____ Discharge (vagina / penis / rectum)
_____ Sores / Rash / Bumps
_____ Pain / Fever / Bleeding
_____ Pregnant?

Any "yes" answer, refer to clinician.

Referrals / Education

_____ STD Clinic for exam (date/time) _____
_____ Safer Sex Education
_____ Obtaining Results: _____
_____ Other: _____
_____ Condoms given

Notes / Treatment(s) Given

LAB TESTS DONE

Date	Test	Results		
	RPR	Negative	Positive	Indeterminate
	HIV	Negative	Positive	Indeterminate
	CHLAMYDIA	Negative	Positive	Indeterminate
	GONORRHEA	Negative	Positive	Indeterminate