STD questions

This questions contains a number of intimate questions about your sex life and sexuality. These are necessary to be able to determine as well as possible which tests are useful for you.

Name ……………………………………………………………… Sex: : m/f date of birth ……………………………

What is the reason you want an STD test?

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Do you have any complaints? If so, what are your complaints? (eg pain or burning sensation when urinating, needing to urinate more often, discharge from penis or vagina, blisters, warts or sores around the genitals or anus, pain during sex or irregular or abnormal blood loss (= between menstruation or during sex)) ?

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Does your sex partner have complaints? If so, what are those complaints?

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Have you had unprotected sex in the past six months?

O sex without a condom

O condom torn/slipped

How did you have unprotected sex?

O oral contact (are there sore throats?, if so, since when?)

O genital contact

O anal contact

How long ago did the last unsafe sexual contact take place?

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How many sex partners have you had in the past six months?

O 3 or more (now with/no sex)

Have you had sexual contact with . in the past six months?

O men?

O women?

O both men and women?

Have you ever had an STD? And your sex partner(s)? If yes which one? When? and has this STD been treated? y/n …………………………………………………………………………………………

Have you had sexual contact for payment? yes/no And your sex partner? Yes No/?

Have you used drugs by injection? yes/no And your sex partner? Yes No/?

Have you been vaccinated against Hepatitis B yes/no

Could there be a pregnancy? Yes No

Is there anything I didn't ask that I should know?

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Space for any comments

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The costs of the STD test, like other laboratory costs, are deducted from your deductible!