



SEXUAL HISTORY FORM TEMPLATE

Please fill out the below questions prior to being seen by the medical provider today. Please note that your responses will be kept confidential and only used to offer you the best care possible.

1. Are you currently sexually active?
 - a. Yes
 - b. No

2. Have you ever been sexually active?
 - a. Yes
 - b. No

3. Are your partners men, women, or both?
 - a. Men
 - b. Women
 - c. Both

4. What types of sex do you enjoy? (Circle all that apply)
 - a. Oral sex
 - b. Vaginal sex
 - c. Anal sex (prefer to be the bottom partner)
 - d. Anal sex (prefer to be the top partner)
 - e. Other: _____

5. How many partners have you had in the past 3 months? _____

6. How many partners have you had in the past 12 months? _____

7. How satisfied are you with your sex life on a scale of 1 – 10?

1 2 3 4 5 6 7 8 9 10

Not satisfied at all

Extremely satisfied

8. Have you ever had a sexually related disease?
 - a. Yes
 - b. No

9. Have you ever been tested for HIV?
- a. Yes
 - b. No
10. Would you like to be tested for HIV today?
- a. Yes
 - b. No
11. Are you trying to become pregnant (or father a child)?
- a. Yes
 - b. No
12. If not currently trying to have a child, what methods do you use for contraception?
13. What methods do you use to protect yourself from HIV and STDs? (Circle all that apply)
- a. Condoms
 - b. Spermicides
 - c. Pre-exposure prophylaxis