

Medical History

Name: _____

Soc. Sec. #: _____

Height: _____ Weight: _____ Sex: _____ DOB: ___/___/___ AGE: _____

A. Have you ever been told by a physician that you had any of the following illnesses?

Hepatitis	___ Yes ___ No	Nephritis	___ Yes ___ No
Bronchitis	___ Yes ___ No	Pneumonia	___ Yes ___ No
Asthma, Hay Fever	___ Yes ___ No	Rheumatic Fever	___ Yes ___ No
Venereal Disease	___ Yes ___ No	Cancer	___ Yes ___ No
Heart Disease (Heart Attack)	___ Yes ___ No	High Blood Pressure	___ Yes ___ No
Phlebitis (Inflamed Vein)	___ Yes ___ No	Peptic Ulcer	___ Yes ___ No
Gallbladder Disease	___ Yes ___ No	Colitis	___ Yes ___ No
Anemia	___ Yes ___ No	Rheumatoid Arthritis	___ Yes ___ No
Gout	___ Yes ___ No	Diabetes	___ Yes ___ No
Thyroid Disease	___ Yes ___ No	Epilepsy	___ Yes ___ No
Nervous or Mental Disorder	___ Yes ___ No	Fractured Bones	___ Yes ___ No
Serious Injuries	___ Yes ___ No	TB	___ Yes ___ No

Any other serious conditions for which you required treatment may be described in the space provided below.

B. Please answer the following questions:

1. Do you have any other medical problems, conditions, or diseases now? ___ Yes ___ No

If yes, name them: _____

2. Are you presently receiving medical care? ___ Yes ___ No

If yes, who is your doctor? _____

When was the last time you were seen by a medical doctor? _____

What condition(s) are you being treated or? _____

3. Are you taking prescribed medication? ___ Yes ___ No

List any medicines you are taking: _____

4. Do you have any allergies? ___ Yes ___ No

What are they? _____

PLEASE COMPLETE THE BACK OF THIS FORM
HIV, Hepatitis and Other Sexually Transmitted Diseases (OSTD's)

Risk Screening

Name: _____ Date ____/____/____

The following are risk factors for exposure to HIV, Hepatitis and OSTD's. If you engaged in any of the following behaviors you may have increased your risk of coming into contact with one or more of these diseases.

Please check all of the risk factors that you have or had:

- Multiple sex partners
- Sex with a person with HIV/AIDS
- Shared needles/works for illicit drug use or hormone drug use or hormone/steroid use.
- Sex when using alcohol/drugs
- Sex for drugs/money
- Sex with a person who might be infected
- Been a victim of sexual assault
- Unprotected sex or a latex barrier broke during sex
- Sex with a man and you are a man
- Sex with someone from Africa or the Caribbean
- Received a blood transfusion before July 1992
- Exposure to blood or internal bodily fluids or someone who could be infected
- Injected drugs within the past 3 months

If you check "yes" to any of these items, you may have been exposed to HIV, Hepatitis or OSTD's.

Following the assessment, your counselor will:

1. Provide you with information on HIV, HCS, and Tuberculosis.
2. Provide information on risk reduction behaviors.
3. Inform you, the client, of agency policy regarding HIV, HCV, and risk and benefits of being in treatment.

I have participated in this risk assessment and have received basic information on the transmission, control, prevention and treatment of HIV, Hepatitis and OSTD's. I understand agency policy regarding HIV/AIDS and Hepatitis and know that I may be in certain behaviors, including sexual activity of any type, may put me at risk for exposure. I accept my responsibility for infection control.

Client Signature: _____ Date: ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

Counselor Signature: _____ Date: ____/____/____

- OSTD's include Chlamydia, Trichomonas, Gonorrhea, Syphilis, Crabs, Genital Warts (HPV), Genital Herpes and oral Herpes.