

# Express Personal Health

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Record ID

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Visit Date

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Medical Record Number

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First Name

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Last Name

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Date of Birth

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Age

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Can we contact you for future participation in research?

- Yes  
 No

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Race

- American Indian/Alaskan Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 White  
 More than One Race  
 Unknown/Not Reported

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Sex at Birth

- Male  
 Female

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Current Gender

- Male  
 Female  
 Transgender/Non-binary

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Gender of Sex Partner(s)

- Male  
 Female  
 Both

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Current HIV Status

- Negative  
 Positive

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Date of HIV Diagnosis (if positive)

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Currently on ARTs (if positive)

- Yes  
 No

Date of last HIV test?

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HIV Status of Sex Partner(s) (Check all that apply)

- Positive  
 Negative  
 Both  
 Unknown

### Vaccinations

	No	Yes
HPV	<input type="radio"/>	<input type="radio"/>
HAV	<input type="radio"/>	<input type="radio"/>
HBV	<input type="radio"/>	<input type="radio"/>

HPV Vaccination 1 Date:

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HPV Vaccination 2 Date:

\_\_\_\_\_

HPV Vaccination 3 Date:

\_\_\_\_\_

Hepatitis A Vaccine Dose 1:

\_\_\_\_\_

Hepatitis A Vaccine Dose 2:

\_\_\_\_\_

Hepatitis B Vaccine Dose 1:

\_\_\_\_\_

Hepatitis B Vaccine Dose 2:

\_\_\_\_\_

Hepatitis B Vaccine Dose 3:

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Reason for Clinic Visit (Check all that apply)

- Symptoms  
 Contact to STD\*  
 STD Screening  
 PrEP Initiation  
 PrEP Follow-up  
 Family Planning  
 HIV Care  
 HIV Screening  
 Hepatitis Screening  
 Other (Please specify)

Specify "Other" clinic visit reason

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\*IF Contact to STD (Check all that apply)

- HIV  
 Syphilis  
 Gonorrhea  
 Chlamydia  
 Genital Herpes  
 Trichomonas  
 Other (Please specify below)

Please specify "Other" STD contacted

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### Sexual History (past 12 months)

	Condom Use: Always	Condom Use: Not Always
Vaginal Sex	<input type="radio"/>	<input type="radio"/>
Insertive Anal	<input type="radio"/>	<input type="radio"/>
Receptive Anal	<input type="radio"/>	<input type="radio"/>

STD History (Prior 12 months; Check all that apply)

- Syphilis  
 Genital Tract Gonorrhea  
 Rectal Gonorrhea  
 Pharyngeal Gonorrhea  
 Genital Chlamydia  
 Rectal Chlamydia  
 Pharyngeal Chlamydia  
 Trichomoniasis

### PrEP Indications Eligibility

	No	Yes
MSM: 18-28 years old?	<input type="radio"/>	<input type="radio"/>
MSM: More than one sex partner in last 30 days?	<input type="radio"/>	<input type="radio"/>
MSM: Condomless receptive anal sex in the last 6 months?	<input type="radio"/>	<input type="radio"/>
Everyone: HIV positive sex partner?	<input type="radio"/>	<input type="radio"/>
Everyone: History of diagnosis or treatment of syphilis in the last 12 months?	<input type="radio"/>	<input type="radio"/>
Everyone: Is the patient requesting PrEP?	<input type="radio"/>	<input type="radio"/>

Other indications for PrEP

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PrEP Eligibility

- HIV Positive (not applicable)  
 Already on PrEP  
 Does not meet PrEP eligibility criteria  
 Eligible for PrEP

PrEP Referral to Navigator Offered?

- Yes  
 No

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PrEP Referral Accepted?

Yes

No

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Current Diagnosis (Check all that apply)

HIV (New diagnosis)

Syphilis

HBsAg Positive

HCV Antibody Positive

Gonorrhea

Chlamydia

Bacterial Vaginosis (BV)

Genital Herpes

Trichomoniasis

Other

None

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HBsAg VL:

\_\_\_\_\_

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HCV VL:

\_\_\_\_\_

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Please specify "Other" diagnosis

\_\_\_\_\_

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Syphilis Stage (If applicable)

Primary

Secondary

Early Latent

Late Latent

Unknown Duration

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Gonorrhea Anatomic Site

Pharyngeal

Rectal

Urethral

Cervical

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Chlamydia Anatomic Site

Pharyngeal

Rectal

Urethral

Cervical