STI Screening Event Patient Questionnaire

It is important to screen for sexually transmitted infections (STI’s) including HIV, Syphilis, Chlamydia, and Gonorrhea. By answering the below questions, we can best assess your risk for STI’s and screen you appropriately.

Check all answers that apply:

1. I am currently experiencing symptoms (pain, discharge, burning):
   - Agree
   - Disagree

2. I have ______ types of sex.
   - Vaginal
   - Oral
   - Anal/Rectal

3. Sexual Orientation:
   - Heterosexual
   - Homosexual
   - Bisexual
   - Pansexual
   - Please specify if not listed: ____________________________

I consent to have the following tests done today. Please check all that apply:

- HIV/Syphilis (Blood Test)
- Chlamydia/Gonorrhea (Urine Test)
- Chlamydia/Gonorrhea (Swab Tests):
  - Throat Swab
  - Anal/Rectal Swab
    - I would like to self-collect.
    - I would like a provider to collect.

Note: Gonorrhea and Chlamydia can be transmitted through multiple parts of the body. We recommend testing ALL areas of risk, including throat and rectal/anal swabs if you have had oral or anal/rectal sex.

I understand that I am here for a screening for sexually transmitted infections. I voluntarily consent to testing done today. I am aware that my results will be released to medical staff for tracking of reportable diseases, data collection, research, & treatment—if needed. I am aware of and acknowledge that no guarantees have been made to me regarding the results of screening or treatment at Texas A&M University - Student Health Services.

__________________________________________  ______________________
Patient Signature                                      Date

All positive results will be reported to the Department of State Health Services in accordance with Texas Administrative Code Chapter 25; RULE §97.133. We also use data within SHS for reports and research. All data is de-identified in accordance to HIPAA privacy practices. If you have questions regarding this please speak to the nurse.