



CTU-0091

Sex: \_\_\_\_\_ Gender identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_

## SEXUAL HEALTH CONSULTATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location, consultation service: \_\_\_\_\_  
 Home community: \_\_\_\_\_ Age: \_\_\_\_\_

### 1. REASON FOR CONSULTATION

Reason for consultation: \_\_\_\_\_  
 **Quick checkup (asymptomatic person)**  
 STBBI contact: \_\_\_\_\_

Contraception  
 PAP test/HPV self-swab  
 Follow-up to + STBBI test: \_\_\_\_\_

### 2. ANAMNESIS

**Simplified: Quick checkup**

Relevant history: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  Taking anticoagulants

Immunization status complete for:
 

HAV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other/additional information: _____
HBV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HPV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

User received/gave blood, blood products, organs or tissues  Yes  No  Don't know

DLM: \_\_\_\_\_  **Pregnancy (or partner's pregnancy):** \_\_\_\_\_ weeks  Breastfeeding

Last test for cervical cancer: \_\_\_\_\_ Contraception: \_\_\_\_\_

#### Female

**Asymptomatic**  
 **Dyspareunia**  
 **Lower abdominal pain**  
 **Lesions**  
 **Skin rash**  
 Abnormal discharge

Unusual odour  
 Abnormal bleeding  
 Pruritis vulvae  
 Dysuria  
 Vaginal discomfort/pain  
 Anal symptoms

#### Male

**Asymptomatic**  
 **Testicular pain**  
 **Penis discomfort/pain**  
 **Lesions**  
 **Skin rash**  
 Urethral discharge

Urethral tingling  
 Dysuria  
 Redness/irritation  
 Anal symptoms

Onset of 1<sup>st</sup> symptom: \_\_\_\_\_ Last STBBI test: \_\_\_\_\_ Last sexual relation: \_\_\_\_\_

Other/additional information: \_\_\_\_\_

End of window period: \_\_\_\_\_

### 3. RISK FACTORS

Does not want to answer /  **Simplified: Quick checkup**

Partners' sex:  ♀  ♂  ♀♂ Multiple partners:  Yes  No  
 Partners' characteristic(s):  Anonymous  Other: \_\_\_\_\_  
**Exposed site(s):**  Pharynx  Vagina  Penis  Anus  Other: \_\_\_\_\_  
 Means of prevention: (type/frequency/site): \_\_\_\_\_  
 Place of exposure:  Carceral (if no test since)  Tattoo/piercing (non-sterile)  
 Substance use IV/IN/PO current/previous: \_\_\_\_\_  
 Other: \_\_\_\_\_

### 4. COUNSELLING

Refused

Transmission and associated risks  
 Symptoms, testing and follow-up  
 Treatment(s)  
 Partners and reinfection

Regular testing (every 3 months)  
 Pregnancy and breast-feeding  
 Contraception  
 Cervical cancer (testing)

Vaccination  
 Consumption and STBBI  
 Healthy relations  
 Other: \_\_\_\_\_



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Full name: \_\_\_\_\_

Record #: \_\_\_\_\_ DOB: \_\_\_\_\_

**5. PHYSICAL EXAMINATION**

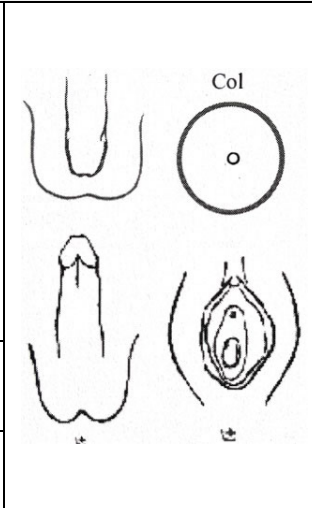
Refused examination / N/A

V.S. (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TV and bimanual: \_\_\_\_\_  
\_\_\_\_\_

Renal punch:  +  -    KOH:  +  -    Urine BHCG:  +  -    Vaginal pH: \_\_\_\_\_  
Urinary dipstick: \_\_\_\_\_

Impression: \_\_\_\_\_



**6. SPECIMENS AND LABELS**

N/A

Verbal consent obtained

**IHC**

**UTHC**

- **PCR endo** (chlam-gono ♀)
- **CHLGPCR** (urine chlam-gono ♀ ♂)
- **Syprpr1** (serology syphilis)
- **HIV**
- HCV (VHC)
- PCR gorge (gono throat)
- PCR anal (chlam-gono anus)
- GONO (gono culture)

- HCGQ (pregnancy hormones)
- Vag (tricho, VB, candida)
- TRICO (tricho)
- HBsAG (HBV)
- HEPBIgG (HBV immunity)
- URI (urine test)
- U (urine culture)
- Her (HSV culture)
- Cytovag (PAP test)

- **PCR COL** (chlam-gono-trico ♀)
- **PCR VAG** (self-swab chlam-gono, trico ♀)
- **PCR URIF** (urine chlam-gono ♀)
- **PCR H** (urine chlam-gono ♂)
- **VDRL-RPR** (serology syphilis)
- **VIH**
- PCRAUTRE (throat/anus)
- Gonot (culture gono other)
- Gonou (culture gono urethra)
- Gonoc (culture gono cervix)

- HCV (VHC)
- HCG (pregnancy hormones)
- SV (VB, candida)
- HBSAG (HBV)
- ACHBS (HBV immunity)
- Uri (urine test)
- U (urine culture)
- CVHS (HSV culture)
- Cytogyne (PAP test)
- HVPH (HPV self-test)

**7. TREATMENTS**

N/A

Date of treatment: \_\_\_\_\_  O.C. N°: \_\_\_\_\_  Syphilis (stage): \_\_\_\_\_  Refused  
Rx: \_\_\_\_\_  Pending results

- Avoid alcohol 24 to 48H after oral administration of metronidazole (Flagyl)
- Abstinence/use of condom x 7 days (or until end of treatment AND until resolution of symptoms)

**8. PARTNER(S)**

Does not want to answer/N/A

- IPPAP completed according to search period
- Will notify partners him/herself

**9. CONTACT METHOD AND ADDITIONAL NOTES**

Tel.: \_\_\_\_\_ Messenger/Other: \_\_\_\_\_  Preventive materials given  
 Encouraged to inquire about their results     Consult again if symptoms persist

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- See nurse's notes
- Physician consulted, SSS or notes
- Follow-up scheduled

Signature and license no.: \_\_\_\_\_ Date and time: \_\_\_\_\_

**MADO REPORT UPON RECEPTION OF RESULTS**

+ result(s):  Gonorrhea     Chlamydia     Syphilis: \_\_\_\_\_  Other: \_\_\_\_\_

CSS faxed (+ contacts by e-mail if syphilis) to [stbbi.nrbhss@ssss.gouv.qc.ca](mailto:stbbi.nrbhss@ssss.gouv.qc.ca) + local advisor, if applicable

Signature and license no.: \_\_\_\_\_ Date and time: \_\_\_\_\_

↓ Stick labels here ↓