Providence HEALTH CARE

IMMUNODEFICIENCY CLINIC
FEMALE SEXUAL HEALTH SCREEN

Date: _____

PATIENT CONTACT DETAILS: Cell/landline: _____ ☐ OK to leave message

☐ Address checked ☐ Letters OK

REASON FOR TESTING: (tick all appropriate boxes)

☐ **Routine Screening**
Asymptomatic
(per pharyngeal, urethral, Vaginal, rectal)

☐ **Contact:**
☐ Gonorrhoea
☐ Chlamydia
☐ RPR

☐ **PAP Smear:**
discuss with GP if:
CD4 under 200 + no ARV's

SYMPTOMATIC:	
General:	☐ Fever ☐ Swollen Lymph nodes
Skin:	☐ Rash (palms, feet, etc)
Pharyngeal:	☐ Sore throat ☐ Other:
Urinary:	☐ Dysuria ☐ Increased frequency or urgency ☐ Hematuria ☐ Other:
Abdomen:	☐ Pelvic pain ☐ Dypareunia ☐ Other:
Genital:	☐ Rash ☐ Lesions ☐ Warts ☐ Herpes ☐ Vulvar itch
Vaginal:	☐ Abnormal Vaginal discharge ☐ Abnormal Vaginal Odour ☐ Abnormal Vaginal bleeding ☐ Other:
Rectal:	☐ Discharge ☐ Blood ☐ Mucus ☐ Itching ☐ Pain ☐ Hemorroids ☐ Other:
Other:	

LAST STI SCREEN / RESULTS / TREATMENTS:

Sexual History:

Last sexual contact	Regular/Casual /Known M/F & Duration	TYPE OF SEX Oral	Anal	Vaginal	Other
		R I	R I	R I	

Total partners: Last 2 months: _____
Last 6 months: _____
Last 12 months: _____

Were any of the above Sex Trade partners:

Any injection Drug use risks: (i.e. drug sharing)

If Yes, what drugs do you currently use?

Other relevant information:

Discussed disclosure: ☐ Yes ☐ No

Risk reduction strategies discussed: ☐ Yes ☐ No

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OB/GYN HISTORY	
Date of LMP	
Menses usually last X days	
Perimenstrual symptoms are:	☐ Absent ☐ Present:
Breakthrough bleeding outside of menses	☐ Absent ☐ Present:
Obstetrical history	Gravidity: _____ Parity: _____ Abortion: _____ Living: _____
Hysterectomy	☐ No ☐ Yes - if Yes, date:
Contraception	☐ Pill ☐ Nuva Ring ☐ Patch ☐ IUD ☐ Condom ☐ Other:
PAP in last year	☐ No ☐ Yes - if Yes, - Normal?
Last Clinical Breast Exam	Date:
Last mammogram	Date:

EXAMINATION	
MOUTH	☐ NAD ☐ Candida ☐ Hairy leukoplakia ☐ Ulcer ☐ Pharyngeal erythema ☐ Pharyngeal exudate
CERVICAL LYMPH NOTES	☐ NAD ☐ Raised and tender ☐ Other:
PELVIC EXAM	
Inguinal Lymph Nodes	☐ NAD ☐ Raised and tender ☐ Other:
External Genitalia lesions	☐ NAD ☐ Warts ☐ Herpes ☐ Skin tag ☐ Other:
Bartholin's glands	☐ Not palpable ☐ Palpable ☐ Other
Vaginal introitus, wall, vault	☐ Vaginal mucosa pink, and well rugated ☐ Other
Vaginal discharge	☐ NAD ☐ Grayish ☐ White ☐ Yellow ☐ Green ☐ Thick ☐ Thin ☐ Other:
Vaginal odour	☐ NAD ☐ Fishy ☐ Other:
Cervix appears	☐ Smooth, with no visible lesions, erosions or scars
Cervical discharge	☐ No ☐ Yes - if Yes:
Cervical friability	☐ No ☐ Yes
Other:	
PERINEUM/ANAL EXAM	☐ NAD ☐ Discharge ☐ Ulcer ☐ Wart ☐ Hemorrhoid ☐ Fissure ☐ Other:
BIMANUAL EXAM	
Uterus	☐ Midline ☐ Anteverted ☐ Retroverted ☐ Normal size and shape ☐ Mobile ☐ No masses ☐ Non-tender ☐ Other:
Adnexa	☐ Without masses or tenderness bilaterally ☐ Not felt ☐ Other
Cervix and Fornices	☐ Midline ☐ Smooth ☐ No Cervical Motion Tenderness ☐ Other
Rectovaginal wall	☐ Normal sphincter tone ☐ No masses, nodularity or tenderness ☐ No occult blood ☐ Other:

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TESTS / SPECIMENS TAKEN

Pharyngeal:	**Cervical:**	**Vaginal:**	**Blood:**
☐ Gonorrhoea *(C+S swab)*	☐ PAP smear	☐ BV, Yeast, Trich *(swab)*	☐ Syphilis RPR
	☐ Gonorrhoea *(C+S swab/urine)*	☐ KOH whiff test	☐ HCV ab
Rectal:	☐ Chlamydia *(swab/urine)*	☐ Vaginal PH	Other:
☐ Gonorrhoea *(C+S swab)*			

Health Promotion / Advice / Information
(Couples-counselling, Legal, Counselling for risk reduction strategies, Regular RPR /STI, Leaflets)

Follow-up: ☐ Office appointment ☐ Phone appointment *(book nurses appt)*_____ ☐ Other: _____

Signature: _____ **Printed name:** _____

FOLLOW-UP **Date:** _____ ☐ In office ☐ Phone

Results:	**Treatment:** ☐ Penicillin Allergy
Pharyngeal Gonorrhoea: ☐ Neg ☐ Pos	☐ Checked for drug interactions
Cervical Gonorrhoea: ☐ Neg ☐ Pos	
Cervical Chlamydia: ☐ Neg ☐ Pos	
Rectal Gonorrhoea: ☐ Neg ☐ Pos	
BV / Trichomonas: ☐ Neg ☐ Pos	
Other:	Doctors signature: _____
	Printed name: _____
BCCDC	**Advice:**
☐ Contact Tracing Form completed	Completion:
☐ Referral to BCCDC ☐ N/A	Adverse effects:
	Follow up:

Signature: _____ **Printed name:** _____