

IMMUNODEFICIENCY CLINIC MALE SEXUAL HEALTH SCREEN

EXAMINATION			
Lymph Nodes NAD Raised and tender	Penis NAD Dry Moist	Testes ☐ NAD Self examination: ☐ Yes ☐ No ☐ leafle	Perianal ☐ NAD ☐ Discharge ☐ blood ☐ proctiti
Mouth NAD Oral Candida Oral Hairy leukoplakia Ulcers Pharyngeal redness Pharyngeal exudate	Discharge Warts Ulcers Molluscum con Other: Last void:	Lumps Yes No agiosum	☐ ulcers ☐ warts ☐ Haemorrhoids ☐ Fissures ☐ Other: Proctoscopy: Any problems on insertion: ☐ Yes ☐ No ☐ N/A
Tests: Pharyngea	il: ea <i>(C+S swab)</i>	Urethral: ☐ Gonorrhoea (C+S swab / urine) ☐ Chlamydia (swab / urine)	Rectal: Gonorrhoea (C+S swab) Chlamydia (viral swab*) * only use if proctitis present: needs Dr examination and inform regular Dr of test
follow-up: Office ap	V.	Phone appointment (book nurses appt) Printed name:	
OLLOW-UP Date:		☐ In office ☐ Phone	
Results: Pharyngeal Gonorrhoea: Urethral Gonorrhoea: Urethral Chlamydia: Rectal Gonorrhoea; Other:	Neg Pos Neg Pos Neg Pos Neg Pos	Treatment: Penicillin Alle	drug interactions
BCCDC Contact Tracing Form oc Referral to BCCDC	1.7	Advice: Completion: Adverse effects: Follow up:	



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Date:							
PATIENT CONTACT DETAILS: Cell/land Letters C			ine: OK to leave message K Yes No Address checked				
☐ Rectal:	Urethral disc	charge (clea equency uri	nr/yellow) ne I	☐ Contact: ☐ Dysuria ☐ Hematuria	Chlamydia RPR Increase Chlamydia	ed urgency passing urine	
Last STI Scree	en and Result				TYPE OF SEX		
contact	M/F & Du		Oral R I	Anal R I	Vaginal R I	Other	
Total partners: Last 2 months: Last 6 months: Last 12 months:			_	Other relevant information: Discussed disclosure: Yes No Risk reduction strategies discussed: Yes No			
Were any of the ab							
If Yes, what drugs	do you currently u	se?					