

SEXUAL HEALTH HISTORY (*PreP eligibility)	
Reason for attendance	Establish reason(s) for attendance
Symptoms	Symptoms review Duration of symptoms
Sexual history	Time since last sexual contact (LSC) (For MSM, ask about anal sex in last 72 hours and document in terms of PEP) Time since previous sexual contact (PSC) (if within the last three months) Number of sexual partners in the last 3 months The gender of partner(s) The partnership type and whether the partner can be contacted The type of sexual contact/sites of exposure* Condom use/barrier use* Any symptoms or any risk factors for blood-borne viruses in the partner*
Past history	The diagnosis of previous STIs and the approximate date of diagnosis. Ask specifically about syphilis and if yes, then when and where treated and with what. For MSM, check if previous history of rectal STI infection.* Past medical and surgical history Vaccination history: Hepatitis A; Hepatitis B; HPV Drug history and history of allergies (For MSM: ask about use of PEP* and PrEP) Alcohol and recreational drug history including previous or current IV drug use and Chemsex* Smoking history Identification of unmet needs with regards to difficulties with sexual performance and satisfaction Recognition of gender-based violence (GBV) or intimate partner violence (IPV) History of Female Genital Mutilation (FGM)
Risk of Pregnancy	Discuss pregnancy planning, contraceptive use, and unmet needs History of unusual or altered vaginal bleeding Obstetric history, including outcomes and complications Assessment of other symptomatology such as pelvic pain, dysmenorrhoea or menorrhagia