

Express Triage Tool

Date: _____

Name: _____

You are: Male Female

Age: _____

Routine STD services provided free of charge to the client include testing for gonorrhea, syphilis, HIV and chlamydia (eligible individuals). Other tests may be provided upon request for a fee.

Please answer all of the following questions:

[SYMPTOMS]

1. Do you have discharge (draining or drip) from penis, vagina, or rectum? Yes No
2. Do you have sore(s) or rash on penis, vagina, rectum, body? Yes No
3. Do you have pain in abdomen, rectum or genital area? Yes No

[RISKS]

4. Does a sex partner have symptoms? Yes No
5. Has a sex partner been treated for a sexually transmitted infection? Yes No
6. Have you had a sexually transmitted infection in the past 12 months? Yes No
7. Have you had sex without a condom in the past 30 days? Yes No
8. Have you engaged in oral or anal sex in the last 3 months? Yes No
9. Have you had sex for drugs or money? Yes No
10. Have you had sex with someone of the same sex as you? Yes No
11. Were you told by someone to come in for care? Yes No
12. Are you returning for treatment of a positive test? yes No

A clinician will review your answers, answer any questions you may have and assist you with getting the services you need today.