

INSTRUCTIONS - DHHS FORM EXPRESS 2808

Item #	Description of Content	Requirements
1-6	Demographics	Use computer generated label or manually complete all demographic information in these sections.
7a	Allergies	List all allergies (e.g., drug, latex) according to agency policy
7b	Medications	Document antibiotics in last two weeks and any current medication.
	Date of Visit	Record the date of the client's current visit. The same form may not be used for subsequent visits.
8a	Reason(s) for Visit	Check all that apply using the client's words (subjective response). <i>Express Clinic clients should be asymptomatic, low risk.</i>
	<input type="checkbox"/> STD Screen (Asymptomatic)	Example "I want to be checked." "I'm not having any problems, but..."
	<input type="checkbox"/> Other	Check this box and document reason for visit. <i>This should only be used in special circumstances. Clearly document the reason client is being seen in Express instead of receiving a full STI visit.</i>
8b	Express Triage Tool Verification	Verify the triage tool questions completed by the client. Check the box to confirm that the client has none of the listed symptoms: itch, irritation, pain, discharge, dysuria, ulcer/lesion, rash.
9a	Prior STD/STI & Date Dx	Check all that apply according to the client's self-reported history or from review of client's previous records. If known, document the date(s) of diagnosis.
	HIV	Document date, state, and country of diagnosis if known.
	Herpes	Choose "oral" or "genital" based on the location where the lesion(s) appeared.
	Syphilis	Document date, state, and country of last diagnosis if known. Document most recent titer and where the client was treated if known.
	None	Check this box if client has no prior history of STD/STI.
9b	Testing History	Check status of HIV, syphilis, Hepatitis B and C diagnosis
	Prior HIV Test	Has the client previously had an HIV test? If unknown or never tested, check the appropriate box. If client was previously tested, document the date and result of the most recent test.
	Prior Syphilis Test	Has the client previously had a syphilis test? If unknown or never tested, check the appropriate box. If client was previously tested, document the date and result of the most recent test.
	HBV Infection Status	Has the client been tested for Hepatitis B virus? If unknown or never tested, check the "unknown" box. If the client has been tested and diagnosed with either Acute Hepatitis B infection or Chronic Hepatitis B infection, check the appropriate box and document the date of diagnosis.
	HCV Infection Status	Has the client been tested for Hepatitis C virus? Follow the instructions for HBV Infection Status above
10a	Sexual Risk Assessment	Complete all parameters to include:
	Number of sexual partners within the past 60 days.	Do not assume the client's sexual orientation or partner's(s') type of genitalia. "Partner" refers to anyone with whom client has given or received oral, anal, and/or vaginal sex. If none, follow agency policy on correct documentation. No line should be left blank.
	Sites of exposure within the past 60 days	Client's anatomical sites of sexual exposure in past 60 days, i.e., mouth, penis, vagina, anus Check all that apply.
	Date of last sexual encounter	"Sexual encounter" refers to giving or receiving oral, anal, and/or vaginal sex.
	Number of sexual encounters in the last two weeks and the # of those encounters that occurred with use of a condom	The number of times a client has had any sexual encounter during this time frame, not the number of partners. Out of that total number of sexual encounters, how many of those included condom use?
10b	Additional exposure history	Introduce this set of questions to client in a normalizing way, such as "We ask this next set of questions of all clients to help us identify potential risk factors for different infections" Ask "When was the last time you..." or similar open-ended question. If yes, record date of each exposure. If exposure date is within the last 6 months consider appropriate testing and risk reduction counseling. Do not assume the client's sexual orientation or partner's(s') type of genitalia.
10c	Document current substance use	Ask about current use of substances. Use open-ended approach as much as possible "Tell me about your alcohol use" and ask clarifying questions about frequency, amounts, types
	Alcohol use	If client drinks alcohol, ask about frequency of use (e.g., daily, on weekends, once or twice a month) and amount (e.g., one beer, two glasses of wine, three shots of liquor)
	Non-prescribed injectable substances	For example, heroin, morphine, etc. Document type and date of last injection.
	Non-injectable substances that alter your mental status	For example, marijuana, cocaine, narcotic pills. Document type, route (smoking, snorting, oral ingestion) and date of last use.

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11	For Women	Document female-specific history: menstrual cycle, pregnancy status, breastfeeding status, cervical cancer screening history, and current contraception history
	LMP	Document date of last menstrual period, cycle regularity, and frequency. Regular = predictable and normal for the client; lasts a usual number of days, has a consistent flow pattern and quality (e.g. light on first day, heavier with clots on days 2 and three, then lighter flow and turns brown on days 4 and 5) Irregular = unpredictable or erratic; varying length of duration, varying flow pattern Frequency = time between menses (e.g., once per month, every other month, variable)
	Cervical Screening	If client seems unsure of whether they've had cervical screening, describe the main differences between a pelvic exam and cervical screening collection (either Pap or HPV specimens). Document date of last screening and the results.
	Signatures	Signature/Title of Interviewer Signature of Interpreter (if applicable) Signature/Title of Provider if not the Interviewer
12	Laboratory	Check the tests ordered and site of specimen collection.
13	Instructions/Counseling	Check boxes and fill in blanks for appropriate instructions, pamphlets, referrals, and partner treatment.
14	Follow-up for Test Results	Document how the client will be informed about test results. Document specific criteria for obtaining test results.
	Signature/Title of Examiner:	The provider completing the history, counseling, and education should sign here. Title should reflect discipline, e.g., RN, LPN.
	Co-signature:	This space should be used for the clinical preceptor or other required co-signature.