DERMATOLOGY CLINIC QUESTIONNAIRE, STAVANGER

In order to individualize your consultation with respect to information, examination and treatment, we kindly ask you to fill inn this questionnaire. This information will not be disclosed to others without your consent. If you need help in completing the form, please ask during the consultation. **Positive test result is given by phone.**

Full name: _____ **Date of birth_____**

Email: _____ **Mobil: _____**

Date: _____ **Nationality**: ☐Norwegian ☐Other:_____

Female: Date of last menstrual period? _____ Are you/Do you wish to be pregnant? ☐No ☐ Yes

What is the reason for your visit?	
☐Contacted by the clinic ☐Referred by another doctor ☐Own symptoms/check ☐Blood test for HIV/AIDS	☐ Partners disease. Which?
Do you have any symptoms?	
☐No ☐Discharge ☐ Burning sensation while urinating ☐Itch ☐ Ulcers, blisters ☐ Rash ☐Pain in lower abdomen ☐Pain during intercourse ☐ Genital warts ☐Other symptoms:	
Have you ever had any sexually transmitted infections?	
☐ None ☐Genital warts (Condylom) ☐Genital herpes ☐Syphilis ☐ Gonorrhea- How many times? ☐ Mycoplasma ☐ Chlamydia -> How many times? ☐ Other/Unsure:	How many times have you taken a HIV-test? ☐ None ☐ 1 ☐ 2-4 ☐ 5-9 ☐ 10 or more If test is taken, when was your last test?
Have you ever had viral Hepatitis? ☐ No ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ Not sure what type hepatitis	
First time	
Age of first sexual intercourse?	
The last 6 months:	
Do you have a regular partner? ☐No ☐ Yes If yes, how long?	Have you in the last 6 months had sexual partner(s) not residing in Norway? ☐No ☐ Yes From which country?
Number of sexual partners last 6 months? Have you had sex the last 6 months with: ☐Female ☐Male ☐Both sexes	
Date for last intercourse:_____ ☐Lifepartner ☐Regular partner Date for last inetercourse_____ ☐Other known partner ☐ Unknown partner	
What kind of sex have you had last 6 months?	
☐Vaginal sex Use of condom: ☐Never ☐Seldom ☐Often ☐Always ☐Oral sex Use of condom: ☐Never ☐Seldom ☐Often ☐Always ☐Anal sex Use of condom: ☐Never ☐Seldom ☐Often ☐Always	
Did you and your partner use a condom during your last intercourse? ☐No ☐ Yes I, or my sex-partner, have experienced a broken condom, or the condom fell off, in the last 6 months? ☐No ☐ Yes	
Sex-payment and Sex purchase	
Have you received payment for sex the last 6 months? ☐No ☐yes	Have you purchased sex in the last 6 months? ☐No ☐ Yes
Contraception	
Have you used condoms as contraception the last 6 months? ☐No ☐ Yes	Do you use any other contraception now? ☐No ☐ IUD ☐ P-injection ☐ Combined pills/mini ☐ P-ring or P-plaster ☐ Interrupted intercourse/Safe period ☐ Other:
Antibiotics	
Have you any known allergies of antibiotics? ☐No ☐ Yes Which?	Have you used any antibiotics the last 3 months? ☐No ☐ Yes
Use of IV drugs and injections	
Have you ever used hypodermic needles? (Narcotic drugs or anabolic steroids) ☐No ☐Yes When was the first time?	Have you injected IV drugs the last 6 months? ☐No ☐ Yes
	Have you ever had any accident with used IV needle, or by accident been in contact with infected blood?

For questions, or if you have urgent information, please contact the hospital per phone