Organization Name:	**Program Name:**	**Date:**
Individual's Name (First MI Last):	**Record #:**	**DOB:**

(Required For OASAS; as Clinically Indicated for Office of Mental Health Programs)

Sexual Behavioral Assessment

How many sexual partners have you had? ☐ **None** ☐ **One** ☐ **Two** ☐ **Three** ☐ **More than Three**

Have you ever….	**No**	**Yes**
Had sex while high on drugs or alcohol	☐	☐
Had sex to get money, drugs, shelter, etc.	☐	☐
Paid for sex with money and/or drugs	☐	☐
Had sex with an individual who injects drugs	☐	☐
Had unprotected sex	☐	☐
Had unprotected anal and/or vaginal sex with someone:		
Who was HIV positive	☐	☐
Whose HIV status you did not know	☐	☐
Had sex against your will	☐	☐
Do you use condoms and/or other protective devices when engaging in sexual activities?	☐	☐

Needle Use Assessment

If you have injected drugs in the past what kind of needles did you use?

	Yes	**No**
New	☐	☐
Bleached	☐	☐
Shared (someone used before me)	☐	☐
Shared (someone used after me)	☐	☐
Reused my own	☐	☐
Origin unknown	☐	☐

Testing

Have you ever had a TB test? ☐ No ☐ Yes
If Yes, what was the date of your last PPD test? Date: _____ Results: ☐ Positive ☐ Negative ☐ Unknown
Results of your last chest x-ray:
Have you ever been tested for Hepatitis A, B or C? ☐ No ☐ Yes
If Yes, what was the outcome? ☐ Positive ☐ Negative If Positive, were you referred for medical care? ☐ No ☐ Yes
Have you ever been given a Hepatitis vaccine (Twin Rx)? ☐ No ☐ Yes
Have you ever been tested for HIV? ☐ No ☐ Yes
If yes, date of last test:_____ - Results: ☐ Positive ☐ Negative ☐ Unknown

Completed By - Print Name:	**Signature:**	**Date:**