| 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?** |
| NewBleachedShared (someone used before me)Shared (someone used after me)Reused my ownOrigin unknown | **Yes**[ ] [ ] [ ] [ ] [ ] [ ]  | **No**[ ] [ ] [ ] [ ] [ ] [ ]  |
|  |
| **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:**      |
|  |