| 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?** | | | | | | | | | |
| New  Bleached  Shared (someone used before me)  Shared (someone used after me)  Reused my own  Origin 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:** | | |
|  | | | | | | | | | |