



VENEROLOGY CLINIC QUESTIONNAIRE

In order to individualize your consultation with respect to information, examination and treatment, we kindly ask you to fill in 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: _____ Phone: _____
Date: _____ Nationality: Norwegian Other: _____

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 (Condylomas) Genital herpes Syphilis Gonorrhoea- 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 was taken, when was your last test?

Have you ever had viral Hepatitis?

No Hepatitis A Hepatitis B Hepatitis C Not sure what type hepatitis

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

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

Antibiotics

Have you any known allergies of antibiotics? No Yes Which?

Use of IV drugs and injections

Have you ever used hypodermic needles? (Narcotic drugs or anabolic steroids) No Yes When was the last time?

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