REGISTRATION to complete: DATE __ __/__ __/__ __

NAME _____   DOB: __ __/__ __/ __ __ __ __

PHONE _____   CC# _____

****

CLINICIAN to complete: (Name of clinician here: _____)

1. What is the best phone number to reach you at in case we get disconnected?
   Phone #: (__ __ __)-__ __ __-__ __ __ __

2. What is the reason for your call (*e.g., Symptoms of STI/Contact to specific STI/PEP/PrEP/Contraception/HIV care/Other—record details here*):

3. In the last 7 days, have you had sore throat, cough, fever or difficulty breathing?

   If yes – get add'l details, find out if they've talked to their doctor, consult with Stephanie or Oliver.

If it is clear from the conversation that the patient does NOT need to come in, you do not need to collect all the detailed history and risk assessment questions. You can just write a brief progress note explaining the reason for the call and your recommendations. However, if you decide that the patient should come-in, please ask the questions outlined below (med hx and risk assessment). This will minimize the face to face time during the in-person visit. You will not be able to enter all these structured data into CCEMR until the patient comes in and registers. Therefore, this paper should be saved (in filing system on Adam's desk by Oliver's office). IF PATIENT IS COMING IN, LET REGISTRATION KNOW SO THEY CAN TRY TO HAVE PATIENT SEE YOU (IF POSSIBLE).

4. Patient's sex/gender (*use patient's words*): _____

5. Sex with (*please circle all applicable*):   Cis Male   Cis Female   Trans Female   Trans Male
   Other:_____

6. Medication allergies: _____

7. Medications in last 30 days (*including PDPT*):
   _____
   _____

8. # and gender of sex partners in last 3 months:

Gender:	Cis Female	Cis Male	Trans Female	Trans Male
# Partners:				

9. Sexual risk assessment in last 3 months:

Sex:	Vaginal	Anal receptive	Anal insertive	Oral (your mouth)	Oral (your genitals)
Partners:	# condomless:	# condomless:	# condomless	yes/no	yes/no

10. Last sexual contact (*date, or how many days/weeks/months ago*): _____
11. GYN, contraception assessment (*if applicable*)
    - LMP: __ __/__ __/__ __
    - Current birth control method (*if any*): _____
    - Estrogen risk factors (*circle*): age > 35y, migraines w aura, hypertension, smoker, personal hx of gyn or breast cancer, personal or family hx of blood clots, currently taking anti-seizure meds/griseofulvin/St John's Wort).
    - Last Pap smear (*MM/YY*): __ __/__ __   Result: _____

12. ACTION PLAN RESULTING FROM CALL (*e.g., patient will come in, will have abx phoned to pharmacy, etc.*):