

Sister to Sister: Take Control of Your Health Confidential Risk Assessment

Patient Name: _____

Patient DOB: _____

Date: _____

Provider Name: _____ Clinic Name: _____

<i>HIV Risk Screening</i>			
Over the past 90 days (3 months) have you...	Yes	No	Unsure
Had vaginal or anal sex without a condom?			
Shared needles?			
Had sex for money, drugs, or other things you needed (housing, clothing, childcare, etc.)?			
Had an STD?			

<i>PEP screening</i>			
Within the past 3 days (72 hours) have you...	Yes	No	Unsure
Had vaginal or anal sex without a condom?			
Shared needles?			
Been sexually assaulted?			