

PATIENT LABEL

Date: _____

Is this a PrEP consultation?	YES	NO
Are you an MSM (man who has sex with men)?	YES	NO
Do you know if you have been vaccinated against Hepatitis A and B?	YES	NO
Do you know if you have been tested for Hepatitis C?	YES	NO
Are you likely to have anal sex without condoms in the next 3 months?	YES	NO
Have you “bottomed” without condoms in the last 3 months?	YES	NO
Have you been diagnosed with rectal chlamydia, gonorrhoea or syphilis in the last 3 months?	YES	NO
Have you used methamphetamine (P) in the last 3 months?	YES	NO
Do you have a partner with HIV, not on treatment, and not always used condoms?	YES	NO
Has your doctor ever told you that you have kidney disease?	YES	NO
Do you agree to have three monthly sexual health screening and regular kidney tests?	YES	NO

Patient signature: _____