What to Do Before Your Wellness and Sexual Health Visit

☐ Review and complete the enclosed personal history form (Pre-Visit Survey). This will allow us to focus the visit on relevant evaluation and education. Remember to bring the form with you when you come for your visit.

☐ **Don’t Urinate.** It is not possible to accurately test for Gonorrhea and Chlamydia within two hours of the urethra’s being flushed with urine.

☐ Review the document *Sexual Health Services at Davison Health Center*. Spend some time thinking about what testing you feel you need.

The fees for tests will be charged to your student account as “miscellaneous lab fees”. If you prefer to pay by an alternate method (cash or check at the time of the appointment), please notify the provider during your visit.

**Your appointment is scheduled for ________________**

at _______________.


Sexual Health Services at Davison Health Center

The Davison Health Center at Wesleyan University offers undergraduate and graduate students the full range of STI education, counseling and testing services, including HIV testing. The services are offered to students without regard to their sexual identity or partner gender, except insofar as the risks engendered by particular sexual practices indicate testing for specific infections.

All Health Center clinicians are qualified to offer all such services. Because many students seem to feel more comfortable with a provider of a particular gender, we make every effort to accommodate their preference. In urgent or emergent situations, we have less flexibility.

As a college health center, we have a special interest in education, and the bulk of our sexual health visits consist of providing information and answering questions. We all very much enjoy the opportunity to help students achieve emotionally and physically fulfilling sex lives, though we do not, of course, discriminate against students who are not sexually active.

The typical sexual health exam begins with risk-assessment. This is accomplished by asking explicit questions about current and past sexual practices. Based on this review, the clinician and patient will agree on what testing to do.

<table>
<thead>
<tr>
<th>STI</th>
<th>Test(s) and prices if not filing to insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV</td>
<td>History and physical exam. Pap smear if indicated ($78.69, an additional fee applied for HPV typing if abnormalities are detected).</td>
</tr>
<tr>
<td>Herpes (genital)</td>
<td>History and physical exam. Swab test of skin outbreak (cost varies by test), an additional fee applies for Herpes typing if Herpes is detected. Blood test for those with outbreak more than 4 months ago (about $150).</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Swab or urine specimen depending on exam/anatomy ($35.75).</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Swab or urine specimen depending on exam/anatomy ($35.75).</td>
</tr>
<tr>
<td>HIV</td>
<td>Blood test with 10-day turn-around ($31.01).</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Blood test ($13.58).</td>
</tr>
<tr>
<td>Other</td>
<td>Several other vaginal disorders can be tested-for by examination of collected specimens.</td>
</tr>
</tbody>
</table>

In addition, annual exams/Pap smears and contraceptive counseling and services are provided. The Health Center dispenses birth control pills (limited brands). We prescribe and deliver (but do not stock) DepoProvera injections. Condoms are provided free.

Tests are billed directly to private and university-sponsored insurance unless student prefers to pay out of pocket. Fees can be charged to the student account as a Miscellaneous Lab Fee. Test results are discussed in a follow-up visit (it is widely held ethical standard that HIV test results in particular be conveyed only in person). Positive results of non-HIV tests will be promptly communicated.

Any part of the testing may be declined. Some patients opt simply for counseling and education. Although we advise testing, it is the right and responsibility of the individual to direct the details of their visit.

All visits are conducted in the strictest confidence. All testing is confidential.
HEALTH HISTORY – WESLEYAN HEALTH CENTER (For Bodies with a Penis)

The Health History is personal and confidential. Please feel free to leave questions blank if you are uncomfortable answering. Be prepared to discuss with clinician.

<table>
<thead>
<tr>
<th>Preferred Name</th>
<th>Legal Name</th>
<th>Pronoun</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Age</td>
<td>Semester Status</td>
<td></td>
</tr>
<tr>
<td>School Address</td>
<td>School/Cell phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address during breaks</td>
<td>Phone during breaks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **ALLERGIES** *(Medications, foods, latex, etc.)*
   - [ ] None
   - [ ] Yes (Please list)

2. **MEDICATIONS:** *(Include herbal/vitamin/nutritional supplements)*

3. **MEDICAL HISTORY - FAMILY MEANS IMMEDIATE FAMILY ONLY** *(Check appropriate box)*
   - [ ] Adopted – family history not known

4. **IMMUNIZATIONS**
   - Have you ever had HPV vaccine?  
     - [ ] No
     - [ ] Yes #1 ____ #2 ____ #3____

5. **CONTRACEPTION HISTORY** *(Check all that apply)*
   - Abstinence
   - Condoms
   - Spermicides
   - Withdrawal of penis (before ejaculation) without contraception
   - Method now using _____________
   - Partner on contraception

6. **LIFESTYLE** *(Check all that apply)*
   - Alcohol
     - [ ] None
     - [ ] Yes, type & amount per week _________________________
   - Nicotine: *(tobacco or vaping)*
     - [ ] None
     - [ ] Yes, type & amount per day ___________________________
   - Caffeine drinks
     - [ ] None
     - [ ] Yes, type & amount _____________________________
   - Street drugs
     - [ ] None
     - [ ] Yes, type & amount _____________________________
   - Do you exercise regularly?  
     - [ ] No
     - [ ] Yes, type and amount ___________________________

   Have you ever had any sexual activity?  
   - [ ] Yes, answer all questions below  
   - [ ] No

   Partner(s) gender(s) _____________________________
   - Have you had Oral sex Anal receptive Anal insertive Vaginal intercourse sex
   - How old were you when you first had intercourse? ____________ years old
   - About how many sexual partners have you had in past 12 months? ____________
   - Is sex painful for you?  
     - [ ] No
     - [ ] Yes
   - Do you practice safer sex?  
     - [ ] No
     - [ ] Yes

   When was your last sexual contact or intercourse? ____________
   - Have you ever had sex contact outside of the U.S.?  
     - [ ] No
     - [ ] Yes
   - Partner with past/current STI?  
     - [ ] No
     - [ ] Yes

   Have you ever paid or been paid for sex?  
     - [ ] No
     - [ ] Yes

   When was your last STI screen? ____________ What testing did you have done?  
     - ____________
     - ____________

Clinician reviewed ____________________________________________

  initials / date
### Signs/Symptoms

<table>
<thead>
<tr>
<th></th>
<th>Duration/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td></td>
</tr>
<tr>
<td>Discharge from penis</td>
<td></td>
</tr>
<tr>
<td>Discharge from rectum</td>
<td></td>
</tr>
<tr>
<td>Burning with urination</td>
<td></td>
</tr>
<tr>
<td>Genital lesion</td>
<td></td>
</tr>
<tr>
<td>Lesion outside of genitalia</td>
<td></td>
</tr>
<tr>
<td>Genital rash</td>
<td></td>
</tr>
<tr>
<td>Rash elsewhere on body</td>
<td></td>
</tr>
<tr>
<td>Other concerns</td>
<td></td>
</tr>
</tbody>
</table>

### Primary Reason for Visit

TBP Wt Ht Date

### Exam Findings

<table>
<thead>
<tr>
<th>Exam Findings</th>
<th>General appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td></td>
</tr>
<tr>
<td>Scrotum</td>
<td></td>
</tr>
<tr>
<td>Testes</td>
<td></td>
</tr>
<tr>
<td>Inguinal hernia</td>
<td></td>
</tr>
<tr>
<td>Anus/Perianal</td>
<td></td>
</tr>
<tr>
<td>Rectum</td>
<td></td>
</tr>
</tbody>
</table>

### A: Assessment:

Plan: HPV testing
Chlamydia / Gonorrhea
VDRL / RPR
HSV
HIV / personal health
Hep C

Education:
Intimate Partner Violence
Contraception Risk / Use / Benefit
Substance Use / Abuse
STI / Safer Sex

Vaccines:
HPV
Hep A
Hep B

Rx:

RTC:

Clinician’s signature: ________________________________

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