

# Sexual health - History Cheat Sheet by paprika via cheatography.com/211786/cs/45964/

### 1. Opening the consultation

Wash your hands

Introduce yourself (full name) and role

Confirm patient's name and date of birth

Establish confidentiality

Confidentiality: "Anything said here today will be confidential unless I feel another person or yourself is at immediate risk, in which case I would need to share some information. I appreciate some questions may be difficult to answer, if there is anything you don't want to answer right now, we can come back to it another time. Does that sound okay?"

### 2.1 Presenting Complaint - Female

Vaginal discharge	Volume, Colour, Consistency, Smell
Vaginal bleeding	Nature and pattern of the bleeding, Volume, Colour, Impact on quality of life
Dyspar- eunia	Location, Duration, Nature
Abdominal and pelvic pain	SOCRATES
Vulval skin changes/l- esions	Location, painful/non-painful
Itching	Timing of the symptom, episodic vs constant, skin

irritants

#### 2.2 Presenting Complaint - Male Urethral Volume, Colour, Consis-

discharge tency, Smell

Pain on passing urine,

urinary frequency,

haematuria

Testicular pain or

Dysuria

**SOCRATES** 

swelling

Penile skin

Location, painful/non--

changes/lpainful

esions

Itching Timing, episodic or

constant, skin irritants

Penile Swelling? Ability to replace

swelling foreskin?

Abdominal or pelvic pain

SOCRATES

# 2.3 Presenting Complaint - Rectal symptoms

Rectal discharge

Volume, Colour,

Consistency

Rectal pain **SOCRATES** 

Rectal lump

Anal skin changes/i-Location, painfu-I/non-painful

tching/lesions

3. ICE + Summarising

Ideas

Concerns

Expectations

Summarising

Not published yet.

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### 4. Systemic enquiry

Fever

Malaise

Weight loss

Rash

Swelling and tenderness of large joints,

conjunctivitis

#### 5. Menstrual History

Date of last	"What date was the first
menstrual	day of your last menstrual
period (LMP)	period?"
Cycle length	"How often do your periods occur?"
Cycle regularity	"Are your periods regular and predictable?"

If late period, offer patient a pregnancy test.

### 6. Obstetric History

Parity, gravidity and modes of delivery Previous history of termination of pregnancy?

# 7. Sexual History

When was the last time you had Timing sex?

Sexual Type of sex?

Contact

Did you give or receive anal/oral?

Did you feel like you could say no to sex during your encounter?

How old is your partner? How did

you meet them?

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## 7. Sexual History (cont)

Relati- Male or female partner? onship

Regular or casual partner?

Contra- Did you use contraception?

ception

Were there any problems with using contraception?

Other Have you had any other partners partners within the last 3 months?

STI When was your last sexual testing health screen?

Have you or any of your partners been diagnosed with an STI?

## 7.1 Blood borne virus risk assessment

Have you ever injected any recreational drugs?

Have you ever used recreational drugs during sex?

Have you ever paid someone for sex or have been paid for sex?

Have you ever had a partner known to be HIV positive?

When was your last blood test for HIV and syphilis?

Have you been immunised for hep A/B and

Are you currently taking any PrEP for HIV?

### 8. Gynaecological + Screening History

Do you have a history of any gynaecological problems?

What was the date and result of your last cervical screening test?

Did you receive any treatment?

Have you been vaccinated against HPV?

## 9. Past Medical History

Surgery Have you ever had any surgery?

Have you ever had any procedures done to your

genitals?

Medical Any recent hospital admissions?

Any conditions you go to the GP

for?

If so, what treatments are you

on?

## 10. Drug History

Do you take any medications? Herbal remedies? Over the counter?

If so, are you able to take your medications as prescribed?

Are you allergic to any drugs?

### 11. Social History

Smoking	Type and amount of tobacco
Alcohol	Frequency, type and volume
	Offer support services to assist with reduction if relevant
Occupation	What do you do for a living?
Home	Who are you currently living with at home?
Safegu- arding	Do you currently feel safe at home?



By **paprika** cheatography.com/paprika/

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