

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

Dyspareunia Location, Duration, Nature

Abdominal and pelvic pain SOCRATES

Vulval skin changes/lesions Location, painful/non-painful

Itching Timing of the symptom, episodic vs constant, skin irritants

2.2 Presenting Complaint - Male

Urethral discharge Volume, Colour, Consistency, Smell

Dysuria Pain on passing urine, urinary frequency, haematuria

Testicular pain or swelling SOCRATES

Penile skin changes/lesions Location, painful/non-painful

Itching Timing, episodic or constant, skin irritants

Penile swelling Swelling? Ability to replace 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/itching/lesions Location, painful/non-painful

3. ICE + Summarising

Ideas

Concerns

Expectations

Summarising

4. Systemic enquiry

Fever

Malaise

Weight loss

Rash

Swelling and tenderness of large joints, conjunctivitis

5. Menstrual History

Date of last menstrual period (LMP) "What date was the first day of your last menstrual 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

Timing When was the last time you had sex?

Sexual Contact 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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Page 1 of 2.

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7. Sexual History (cont)

Relationship	Male or female partner?
	Regular or casual partner?
Contraception	Did you use contraception?
	Were there any problems with using contraception?
Other partners	Have you had any other partners within the last 3 months?
STI testing	When was your last sexual 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 HPV?
	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?
Safeguarding	Do you currently feel safe at home?



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Page 2 of 2.

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