

Confidential Questionnaire

Center for Integrative Health

Note to our patients: This information is requested from you to help us provide better healthcare for you. All responses will be treated in a highly confidential manner and stored in a separate area of your chart. Further, it will not be released to any party (including insurance companies) without your prior express written authorization. Finally, feel free to omit any questions you prefer not to answer.

INFORMATION CONCERNING PERSONAL ISSUES
PROTECTED UNDER GEORGIA LAW, DO NOT
COPY UNLESS SPECIAL WRITTEN RELEASE HAS
BEEN OBTAINED FROM PATIENT

Today's Date:

Name:

Date of Birth:

PATIENT'S HISTORY OF LIFE BEHAVIORS

YES NO Unsure PREFER NOT TO ANSWER Please check the appropriate box to respond to the following questions.

- Drink alcohol? Type: _____ Frequency: Per Day _____ Per Week _____ Date of Last Use _____
- Use/Used drugs? Type: _____ Frequency: Per Day _____ Per Week _____ Date of Last Use _____
- Have you or someone close to you been concerned about your use of alcohol or drugs?
- Have you blacked out or gotten a DUI? _____
- Have you ever been treated for depression, anxiety, other emotional concerns? Explain: _____
 Seen a Therapist Took Medication Hospitalized
- Do you feel you are depressed? A Little A Lot Often think about suicide
- Is there any incident which has extremely affected you emotionally? If YES, please describe _____
Regarding any of the above, would you like to: Speak to Someone for help Consider medication
- Have you ever been intentionally harmed by another person? Explain: _____

Describe your current sexual practices. Abstinence Have sex with: a man/men a woman/women men & women Prefer not to answer
Is there anything else you wish us to know? _____

ASSESSMENT- PAST HIV RISK

YES NO Unsure PREFER NOT TO ANSWER Please check the appropriate box to respond to the following questions.

- Have had HIV blood test?
Date of last test? _____ Results: Negative Positive Where tested? _____
- Had blood or blood products from 1977-1985?
- Had black outs or impaired judgment from alcohol or drugs?
- Used IV drugs and/or shared needles?
- Exchanged sex for money or drugs (esp. crack cocaine, heroin?)
- Had anal sex or anal or vaginal rape?
- Had sexual intercourse with a stranger, prostitute or bisexual male?
- Had sexual intercourse with a person whose HIV status you don't know?
Other: _____
- How many people have you had sexual intercourse with since 1977? _____
Within the last 6 mo. _____ Within the last 2 yrs. _____
- Within the last 12 months, have you:**
- Had sexual intercourse without using a condom with a person whose HIV status you don't know?
- Been stuck by a needle used by someone else?

WHAT DO YOU DO TO AVOID CONTRACTING OR SPREADING THE AIDS VIRUS?

Always Usually Sometimes Never Prefer Not To Answer Please check the appropriate box to respond to the following questions.

- Abstain from penile - vaginal intercourse since _____ (enter date).
- Abstain from rectal-penile intercourse since _____ (enter date).
- Use condoms Sometimes Use latex condoms always, from start to finish.
- Have sex with only one partner who only has had sex with me since _____ (enter date).
- Always avoid using drugs or alcohol, to the point they could impair my judgment.
- Always avoid sticks with used needles.
- Always insisting on knowing HIV status of a person before I have intercourse with them.
- (Health care workers only) I use universal precautions routinely in my work.
- Other: _____

PATIENT'S PRESENT CONCERNS

Yes No Unsure Please check appropriate box to respond to the following.

I would like to ask further questions about HIV.

I might want to be tested for HIV.

I would like to ask further questions about other personal issues.

I feel this Confidential Questionnaire is: Helpful Not Helpful Too personal
Other Comments or Suggestions: _____

Patient's Initials _____ Date _____
Reviewer's Initials _____ Date _____