

History and Interview

1. The approach to information gathering should be nonjudgmental, utilizing open-ended questioning skills.
2. All patients presenting for a new problem should be interviewed for the following information, which should then be documented in the clinical record:
 - a. Gender
 - b. Presenting problem/reason for visit
 - c. Description of signs/symptoms that captures the elements of location, duration, severity, and quality:
 - dysuria (onset, frequency)
 - discharge (onset, color, character, frequency, odor)
 - lesions (onset, type, location)
 - sore throat (onset, intensity)
 - fever (how high, onset)
 - pain (onset, location, describe intensity on pain scale)
 - itching (onset, location, intensity on scale)

Males:

- tenderness or swelling in scrotum
- perineal discomfort or pain on sitting down
- rectal discharge
- constipation and/or tenesmus

Females:

- pain with intercourse (including description)
- abnormal bleeding (including description)
- last Pap smear (date and result)
- LMP (normal or abnormal)
- type of contraception and frequency of use
- number of pregnancies (live birth, abortion, miscarriage, tubal, molar)

d. Risk assessment

- partner symptoms
- individual's anatomical sites of sexual exposure in last 60 days (rectum, mouth, vagina, penis)
- previous sexually transmitted infections (including diagnosis and year of diagnosis)
- frequency of condom use
- number of male or female sex partners in the last 60 days - do not assume patients are heterosexual
- date of last sexual exposure
- use of ETOH and/or drugs (amount and frequency)

e. Other pertinent information

- medication allergies*
- current medications (including antibiotics in last two weeks)
- treatment used for symptoms
- hepatitis B vaccine status**
- prior HIV test (when, results)
- travel out-of-state (include sex partner travel history)***

*Medication allergies should be flagged in the patient record on the problem list or a label on the chart. Document a description of the allergic reaction experienced by patient. True hypersensitivity is a contraindication to treatment with the drug in question.

**All adults age 18 or older who have not had Hep B vaccine should be offered combination hepatitis A/hepatitis B vaccine (Twinrix®) if they have a history of or currently present with one or more of the following risk factors:

1. have multiple sexual partners
2. have unprotected vaginal or anal sex
3. share needles or paraphernalia (works) for drug use
4. have been exposed to an infected person's blood
5. live in a household with an HBV-infected person
6. have been tattooed or pierced with non-sterile equipment
7. have been incarcerated
8. are HIV +
9. are HCV +
10. are a man who has sex with men

*** Travel history is pertinent in light of geographic distribution of antibiotic resistant strains of gonorrhea.