

Check-in # _____

We can only accept applications for same-day test results. Please fill out the **☐** (Check here) bolded box below prior to the pre-exam explanation and medical questionnaire.

The contents of your consultation will be kept strictly confidential. If you have difficulty answering any of the questions, you may leave them blank.

An explanation will be given using this sheet at a reference.
 You will be called by number, so please wait at the bench in front of Room #11.

Date			
# of visits	First visit • Repeat visit (___ th visit) (Year and month of most recent visit: _____)		
How did you learn about our free exams?	1 By Phone 2 Online (city website or other) 3 Through a friend, lover, etc. 4 Through a medical institution 5 Newspaper or magazine 6 AIDS hotline 7 TV or radio 8 Shimin no Hiroba newsletter 9 Poster 10 Other		
Examinee	Age • Sex	() years old Male • Female	
	Do you have a spouse or partner?	Yes • No	Have you been overseas? Yes • No
	Do you have a history of STDs?	1 Yes (STD: _____ Year & Month: _____) 2 No	
Reason for taking this exam (From 1,2,3,4 circle those that apply)	1 There was a possibility of infection (circle all that apply) Sexual contact • blood transfusion • needles • other (_____) (time since the risk of infection: less than 2 months • less than 3 mo. • more than 3 mo.) If you answered “sexual contact”: ○ opposite sex • same sex • both opposite and same sex ○ Sexual acts (you may circle more than one) Vaginal intercourse • oral sex • anal sex • other (_____)		
	2 I have/had concerning symptoms (I visited a medical institution • did not visit) (Symptoms: _____ Since (early/ middle/ late) _____)		
	3 Just as a precaution		
	4 Other (_____)		
Questions & consultation (please circle the items you'd like to discuss)	1 When I should take the exam 2 What is the “antibody exam” being conducted at the health care center 3 How someone becomes infected with HIV 4 What is the difference between HIV and AIDS 5 What kinds of symptoms are involved in HIV infection 6 What to do to prevent HIV infection 7 Other (please write your questions, etc.) _____		

(For official use only.)

Date			Consultant
Notes			
			Results manager