**SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI) PREVENTIVE INTERVENTION**

### INITIAL VISIT AND PRE-TEST COUNSELLING

#### Reason for the consultation:

- **Patient's sex**
  - [ ] Male
  - [ ] Female
  - Age: 
  - Country of birth: ___________

- **History of STBBI**
  - [ ] No
  - [ ] Yes
  - Specify the infection(s) and date(s): ________

- **Date of most recent screening**
  - [ ] Yes: number of doses____
  - [ ] Date of last dose____

- **Hepatitis B vaccination**
  - [ ] No
  - [ ] Yes:
  - Number of doses____
  - Date of last dose____

- **Hepatitis A vaccination**
  - [ ] No
  - [ ] Yes:
  - Number of doses____
  - Date of last dose____

- **HPV vaccination**
  - [ ] No
  - [ ] Yes:
  - Number of doses____
  - Date of last dose____

- **Sex of partners**
  - [ ] Male
  - [ ] Female
  - [ ] Both

- **Number of sex partners in the past two months**
  - [ ] in the past year:

- **Condom use**
  - Vaginal relations: [ ] Systematic [ ] Sometimes [ ] Never [ ] Does not engage in this activity
  - Anal relations: [ ] Systematic [ ] Sometimes [ ] Never [ ] Does not engage in this activity
  - Oral relations: [ ] Systematic [ ] Sometimes [ ] Never [ ] Does not engage in this activity

- **Places**
  - [ ] Bathhouses
  - [ ] The street
  - [ ] Prison/Detention centre
  - [ ] Sex worker
  - [ ] Other (specify)

- **Characteristics of partners**
  - [ ] Anonymous
  - [ ] Sex worker (client) 
  - [ ] From an endemic region

- **History that includes a risk of exposure to blood**
  - [ ] Exposure to blood at work
  - [ ] Tattoo or piercing in non-sterile conditions
  - [ ] Blood transfusion or other blood products
  - [ ] Tissue transplant or organ(s) received
  - [ ] Procedure (surgical or other) involving use of contaminated equipment

- **Drug use (current/history of)**
  - [ ] No
  - [ ] Yes
  - Specify drug(s): ______
  - Specify route of utilisation: [ ] intravenous [ ] intra nasal [ ] oral

- **FEMALE**
  - LMP: ______
  - Currently pregnant: ______
  - History of abortion: ______

- **MALE**
  - Partner is pregnant

- **Known diseases**
  - [ ] OR
  - Allergies
  - [ ] OR
  - Recent medication

- **Presence of signs or symptoms**
  - [ ] No
  - [ ] Yes (evaluate the pertinence of empiric therapy)

- **Physical examination**

- **Diagnostic impression**

- **SCREENING AND VACCINATION**
  - [ ] Screening for STBBI based on risks identified
  - [ ] Patient’s reactions following positive or negative results
  - [ ] STBBI that are not subject to screening
  - [ ] Importance of partner notification if there is an STBBI
  - [ ] Types of samples to collect
  - [ ] Procedure ensuring confidentiality and disease reporting
  - [ ] Meaning of results and limits of the tests
  - [ ] Vaccination according to indications outlined in the Protocole d’immunisation du Québec

- **SAFER BEHAVIOURS**
  - [ ] Systematic and proper condom use
  - [ ] Circumstances that encourage risk taking (alcohol, drugs, places to meet partners…)
  - [ ] Safer sexual activities
  - [ ] Risk reduction linked to drug addiction

- **RISK PERCEPTION AND INTENTION TO ADOPT SAFER BEHAVIOURS**

#### THE PATIENT IS NOT READY TO CHANGE

- [ ] Explore the pros and cons
  - ______

- [ ] Negotiate a discussion
  - ______

#### THE PATIENT IS READY TO CHANGE

- [ ] Negotiate an action plan
  - [ ] Agree on short-term risk-reduction objectives
  - [ ] Evaluate the barriers to attaining set objectives
  - [ ] Encourage the patient to find solutions
  - [ ] Determine the need to refer to a resource for support

- [ ] Documentation: ______
- [ ] Tests: ______
- [ ] Vaccination: ______
- [ ] Empiric treatment if indicated: ______
- [ ] Process for F-U without breach of confidentiality: ______
- [ ] F-U appointment: ______
- [ ] Referral to a resource: ______

**Signature:** ___________ **Date:** ___________ **Time:** ___________