

Barron County DHHS - PH Programs
335 E Monroe Ave Room 338
Barron, WI 54812
715-537-5691 Fax: 715-537-6274

Get Yourself Tested (GYT) Service
Form

Client Name: _____
Client No. _____
Date: ____/____/____

Please complete the following information:

Patient Name: _____ Date of Birth: _____ Age: _____

Please call me (preferred name): _____ Preferred gender: ☐He ☐She Other _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____

Have you or your partner recently traveled to a region with known Zika or Ebola transmission? ☐Yes ☐No

If yes, where: _____

List any current medicine(s) or supplements you're taking: _____

List any allergies to medicine(s): _____

Check if you have: ☐Vaginal Sex ☐Oral Sex ☐Anal Sex ☐Sex with Men ☐Sex with Women ☐Sex with Both ☐Never had Sex

Have you or your partner(s) used IV drugs? ☐Yes ☐No ☐Don't Know

Check if you have ever had: ☐Chlamydia ☐Gonorrhea ☐HPV/warts ☐Herpes ☐Syphilis

Have you had symptoms or a diagnosis of a sexually transmitted infection in the last 90 days? ☐Yes ☐No

Has your partner had symptoms or a diagnosis of a sexually transmitted infection in the last 90 days? ☐Yes ☐No ☐Don't Know

Do you have concerns or questions about sexually transmitted infections? ☐Yes ☐No

Do you think you need testing for sexually transmitted infections? ☐Yes ☐No ☐Don't Know

Have you ever engaged in a sexual activity where you couldn't say no? ☐Yes ☐No

Date of last period: _____ Was it normal? ☐Yes ☐No

Date of last episode of sex: _____

Are you currently pregnant: ☐Yes ☐No ☐Unsure

Are you currently using a method of birth control? ☐Yes ☐No If yes, what method: _____

Do you use condoms for sex? ☐Yes ☐No ☐Sometimes

My signature below indicates the above information is correct and I am requesting that Barron County Reproductive Health Services provide GYT services

Patient Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

STAFF USE ONLY:

ASVAST screening done ☐Yes ☐No

ASVAST negative ☐Yes ☐No

Pay Source: ☐FPOS ☐Badger Care ☐Private Insurance ☐Other _____

CT/GC SSC Assessment done ☐Yes ☐No

STD/STI prevention education given ☐Yes ☐No

Patient Temporary Enrolled in FPOS ☐Yes ☐No

EC: ☐Given Brand _____ ☐Not Given RX. # _____

Male Condoms: ☐Given ☐Not Given RX. # _____

Female Condoms: ☐Given ☐Not Given RX. # _____