

# HIV Women's Clinic First Visit

Date..... Last name..... First name.....  
Number..... DOB..... Age.....

## Previous medical history

- |  |   |
|--|---|
| <input type="checkbox"/> Migraine      | <input type="checkbox"/> Hypertension   |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Breast disease |
| <input type="checkbox"/> Thrombosis    | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Other          |

## History in family members <50 years old

- |   |   |
|---|---|
| <input type="checkbox"/> Myocardial infarction    | <input type="checkbox"/> Venous thromboembolism |
| <input type="checkbox"/> Cerebrovascular accident |   |

## Antiretrovirals

## Other drugs

.....	.....
.....	.....
.....	.....
.....	.....

**Smoking**     current...../day     ex-smoker     never

**Allergies** .....

## Pregnancy history

Date	Outcome / mode of delivery and HIV status of child <i>(Discuss need for testing of children)</i>
.....	.....
.....	.....
.....	.....
.....	.....

**Future pregnancy plans:**     Yes     No

## Sexual History

Does this woman have a current partner?     Yes     No  
Is partner:     HIV positive     HIV negative     Untested     Not been discussed / unaware of status

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**Contraception:**  Not sexually active  None - sexually active  Condoms  Diaphragm  
 Combined hormonal contraceptive  Progestogen-only pill  Subdermal implant  
 Injectable contraception (when was last injection?)  Copper bearing intrauterine device  
 LNG intrauterine system

## History of past sexually transmitted infections / pelvic infections

Vaccinated against HPV  Yes  No

## Cervical screening / cytology history

Date of last cytology .....  Normal  Abnormal

Previous treatment for CIN  Yes  No What, what for and when .....

## Menstrual history

Cycle:  Regular cycle  Irregular cycle Last menstrual period .....

Intermenstrual bleeding

Post coital bleeding

Abnormal discharge

Menorrhagia

Dysmenorrhoea

Pelvic pain

Premenstrual symptoms

Perimenopausal symptoms

## Details of any gynaecological admissions / surgery

## Other