

Sexual History

Reason for Attendance

- A check up or any symptoms

History of presenting complaint(s)

- **Explode every symptom**
 - Time-frames
 - Symptom-specific questions (see OSCEstop notes on [exploding symptoms](#))
- **Sexual health systems review**
 - Discharge (urethral/vaginal/rectal)
 - Dysuria
 - Swellings/growths/ulcers
 - Pain (anogenital, pelvic, dyspareunia)
 - PV bleeding (if female)

Partners

- Current partner and recent partners (last 3 or all partners in last 6 months)
 - Dates
 - Male/ female
 - Condom use
 - Contact type (oral/vaginal/anal)
- High risk encounters
 - Homosexual encounters (if male)
 - Abroad partners
 - Bisexual partners

Females

- Menstrual history (including LMP)
- Current contraceptives

Past Medical History

- Previous STIs and tests (inc. HIV)
- HIV and Hepatitis B/C status
- Vaccines

Drug History

- As usual

Social History

- Alcohol use
- Drug use (inc. needle sharing)