



Possible Intake Questions for Teen Patients

These questions are intended to act as a guide. Use as would be most helpful for your practice.

Questions regarding confidentiality

1. Would you like your visit and services to be confidential?
2. If yes, what number can you be reached on that will guarantee this remains confidential?
3. Do you have a confidential mailing address?

General questions

1. What questions do you have for me?
2. What would like to learn more about?
3. What are your concerns? What are you worried about?
4. What is the purpose of your visit today?

Questions about sexual activity

1. Have you ever had sex?
2. Do you plan on having sex soon?
3. Are you sexually active?
4. When was the last time you had sex?
5. Have you ever had unprotected sex?
6. How many sexual partners have you had?

Questions about STIs

1. What do you do to protect yourself from sexually transmitted diseases and HIV?
2. Have you ever had an annual exam?
3. Have you ever been tested for STIs?
4. Would you like to be tested for STIs?

Questions about pregnancy

1. Do you want to get pregnant within the next year? Are you and a partner trying to get pregnant?
2. If no what are you doing to prevent a pregnancy?
3. Have you ever been pregnant?
4. When was your last period?

Questions about birth control

1. Have you ever been on birth control?
2. Are you interested in birth control?
3. Are you aware of the different birth control options?
4. Would you like condoms today?

Adapted from

A Guide To Taking A Sexual History (<http://www.cdc.gov/std/treatment/sexualhistory.pdf>)

A Guide To Taking A Patient's Sexual History

(http://www.bluechoicesc.com/UserFiles/bluechoice/Documents/Providers/sexual_history_questionnaire.pdf)