

PART 1: Identifying Information

Last Name First Name MI

Alias Birth Date Age Social Security Number

Street Address (NO P.O. boxes)

City State Zip Code County

If you live on campus: School _____ Dorm Name _____ Room Number _____

Home/Cell Phone Alternate Phone single/married/divorced/widowed Race _____
Marital Status

Sex (please circle): Male Female Transgender USA Born Y N If no, Country of Origin _____

Date of Entry into USA _____ Primary Language _____

If Interpreter is necessary, what language? _____

Contact in case of an EMERGENCY _____
Name Phone

PART 2 : Financial Information (Please fill out completely)

**NOTE: The fee for the STD examination is \$10.00. Payment is due at time of service.
You will receive prescriptions for medications IF on TennCare.**

Please indicate form of payment: Cash Check Credit Card TennCare

PART 3: Services Requested

Did another agency advise you to come to the STD clinic? Y N Name of Agency _____
Are you pregnant? Y N

STD EXAM _____ This will include a blood test for Syphilis, a urine test for Gonorrhea and Chlamydia.
You will be offered tests for HIV and Hepatitis C.

HIV TEST _____ This will be a blood test for Syphilis and HIV **only**.

Note: You will be given the opportunity to provide a password to get your results over the phone.

PART 4 : For office use only

STD

