

Version 1.0 25th July 2017

Internal Use Only: **MRN** _____

Prevention Support Clinic (PSC)

Referral Request Form

Thank you for expressing interest in the Prevention Support Clinic

This Referral Request Form asks for details that allow us to set you up with an appointment within the PSC service. The information will be maintained confidentially within the clinical team running this service. The form includes a PSC Risk Assessment Questionnaire which is necessary to help us decide what services will best meet your needs and to allocate you with a suitable appointment time based on your individual needs. The questionnaire should take approximately 8 minutes to complete.

Please complete this form fully as incomplete forms may result in delayed appointments or declined referrals

Name: _____

Date of birth: _____

Address: _____

In order to properly function, the Prevention Support Service will need to contact you via mobile phone. Please tick yes below to confirm you are happy for us to communicate with you via mobile phone:

Yes

No

Signature: _____

Mobile phone number you would like to be contacted on:

Once completed please return this form by post to: **Prevention Support Clinic, Department of Infectious Diseases, St Vincent's University Hospital, Elm Park, Dublin 4.**

*Please note that we can only accept completed Referral Request Forms by post to the above address.

**Once we receive and review your completed Referral Request Form we will call you on the mobile phone number you have given above to confirm your contact details. We cannot provide you with an appointment without completing this verification phone call.

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 Name: _____ Signed: _____ Date: _____

Prevention Support Clinic Risk Assessment Questionnaire

Section – About You

What country were you born in?

Where in Ireland do you live (please state which county or suburb of Dublin)?

What is your employment status?

- Employed Full-Time
- Employed Part Time
- Retired
- A Student
- Unemployed
- Other
- Rather not say

What is the highest level of education you have?

- Primary
- Secondary
- Third Level
- Postgraduate
- Other
- None
- Rather not say

What is your current gender identity?

- Male
- Female
- Non-binary*
- Other

(* do not identify as either male or female)

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Name: _____ Signed: _____ Date: _____

What sex were you assigned at birth?

- Male
- Female

What is your predominant sexual orientation?

- Straight
- Gay
- Bisexual

Section – Risk and HIV/STI Testing

Are you currently in a steady relationship for >6 months? Tick as many as apply

- Man
- Woman
- No, I'm single

If yes, are you in a steady relationship with more than one person?

- Yes
- No

Are you in a relationship with somebody who is HIV-positive?

- Yes
- No

If you answered yes to the last question, is your partner on antiretroviral treatment for HIV?

- Yes
- No
- Don't know

In this survey, we use "sex" to mean physical contact to orgasm (or close to orgasm) for one or both partners.

How often do you have any kind of sex (meaning any sexual contact with another person, not just anal or vaginal intercourse)?

- Every day
- Five or six times a week
- Three or four times a week
- Once or twice a week
- Once or twice a month
- Once or twice a year
- Less frequently than once per year
- Other (please specify)

Casual partners

In this questionnaire we use the term 'casual partners' to mean people you have had sex with once only, and people you have sex with more than once but who you don't think of as a steady partner (including one night stands, anonymous and casual partners, regular sex buddies).

In the last 6 months have you had any kind of sex with a casual partner?

- Yes
- No

How many different casual partners have you had sex with in the last 6 months?

- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31-40
- 41-50
- More than 50

With how many casual partners have you had anal intercourse without a condom in the last 6 months?

- None
- 1-2
- 3-5
- 6-10
- 11-20
- 21-30
- 31-40
- 41-50
- More than 50

How often do you have condomless sex with a casual partner?

- More than once per week
- Weekly
- Monthly
- Approximately every three months
- Approximately every six months
- Annually
- Never

What do you think your current HIV status is (whether or not you've ever tested for HIV)?

- Definitely negative (I don't have HIV)
- Probably negative
- Not sure / I don't know
- Probably positive
- Definitely positive (I do have HIV)

When did you last have an HIV test?

- Within the last week
- Within the last month
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago
- Never

When did you last have a test for Sexually Transmitted Infections (STI) other than HIV?

- Never
- Within the last day
- Within the last week
- Within the last month
- Within the last 6 months
- Within the last 12 months
- Within the last 5 years
- More than 5 years ago

Have you ever tested positive for an STI other than HIV?

- Yes
- No

Have you tested positive for an STI within the last 6 months?

- Yes
- No

If yes, what STI did you test positive (tick all that apply)]

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Gonorrhoea | <input type="checkbox"/> Pubic Lice |
| <input type="checkbox"/> Genital Herpes | <input type="checkbox"/> Trichomonas |
| <input type="checkbox"/> Genital Warts | <input type="checkbox"/> HPV |

Have you ever had sex in exchange for money?

- Yes
- No

Have you ever had sex under the influence of drugs?

- Yes
- No

If you answered yes to the above question, what sort of drugs do you use?

How often do you typically use drugs?

- Daily
- Weekly
- Monthly
- Annually

Have you ever injected recreational drugs?

- Yes
- No

Section – Acquisition of PrEP (pre-exposure prophylaxis)

Have you ever taken PrEP before?

- Yes
- No

If so, were you being monitored by a doctor?

- Yes
- No

If you have taken PrEP in the past, where did you procure it from?

- From a friend
- From a website
- From a healthcare provider
- Other _____

Have you procured PrEP outside of Ireland?

- Yes
- No

Have you ever used PEP as PrEP?

Yes

No

When you have completed please return this form by post to

**Prevention Support Clinic, Department of Infectious Diseases, St Vincent's
University Hospital, Elm Park, Dublin 4.**

Thank You