



PAN CARIBBEAN PARTNERSHIP



AGAINST HIV/AIDS

# PAHO



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)  
PAN AMERICAN HEALTH ORGANISATION (PAHO)

## PANCAP-PAHO PrEP KNOWLEDGE SUITE



## RECORD FORM FOR PrEP SCREENING

Patient Name: \_\_\_\_\_

PrEP #: \_\_\_\_\_

| PREP SCREENING   |            |        |                                |
|--|------------|--------|--------------------------------|
| What was your sex at birth?  | Male       | Female | Other                          |
| What is your current gender identity?  | Male       | Female | Other                          |
| What is your current age? _____ years  |            |        |                                |
| In the past 6 months:  |            |        |                                |
| With how many people did you have vaginal or anal sex?   | 0          | 1      | 2* 3+* men<br>0 1 2* 3+* women |
| Did you use a condom every time you had sex?   | Yes        | No*    | Don't Know*                    |
| Did you have a sexually transmitted infection?   | Yes*       | No     | Don't Know*                    |
| Do you have a sexual partner who has HIV?  | Yes        | No     | Don't Know*                    |
| If "Yes," has he or she been on antiretroviral therapy for 6 or more months?   | Yes        | No*    | Don't Know*                    |
| If "Yes," has the therapy suppressed viral load?   | Yes        | No*    | Don't Know*                    |
| <b>In the recent past (within the last 2 weeks)</b>  |            |        |                                |
| Recently have you had sex without a condom with someone with HIV regardless if on treatment?   | Yes**      | No     | Don't Know**                   |
| Have you had a "cold" or "flu" such as sore throat, fevers, sweats, swollen glands, mouth ulcers, headache or rash recently?   | Yes**<br>* | No     | Don't Know                     |
| <ul style="list-style-type: none"> <li>• <b>Considering offering PrEP*</b></li> <li>• <b>Investigate for HIV infection and if negative consider offering PrEP; **</b></li> <li>• <b>Consider acute HIV infection, test for HIV, if negative, retest after 3 months, if negative consider offering PEP ***</b></li> </ul> |            |        |                                |

Healthcare provider: \_\_\_\_\_

Date: \_\_\_\_\_