## INFECTIOUS DISEASE SCREEN

First and Last Name:_____     Date_____

As part of BAEC's licensing under the Colorado Dept. of Behavioral Health, we are part of an effort to help limit the spread of infectious sexually transmitted diseases. We try to identify individuals who engage in high risk behaviors and provide information and counseling to manage these risks. Please be aware that your responses are protected under federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and may not be disclosed without written consent unless otherwise provided for in the regulations. This information is also protected under Colorado State Law and may not be disclosed, except under State Law provisions.

I have read and understand the above.  Signature_____

The following have been identified as high risk factors. Please check those that apply to you:

_____  Having multiple sex partners, i.e. more than two in the past ten years.
_____  Having sex without a condom.
_____  Having sex with someone who has had a sexually transmitted disease, i.e.HIV, Genital Warts, Genital Herpes, Chlamydia, HPV, Gonorrhea, Syphilis, Hepatitis.
_____  Having sex in exchange for money, drugs, etc.
_____  Unprotected anal sex, i.e. without a condom.
_____  Injecting drugs, sharing needles.
_____  Having received a blood transfusion or organ transplant prior to 1992.
_____  Being stuck or cut by anything that may have been contaminated.
_____  Being born to a mother with hepatitis.
_____  Receiving tattoos or body piercing in unsanitary conditions.
_____  Have been in close contact with someone who had Tuberculosis (TB).
_____  Been in a country with high incidence of TB.
_____  Had a persistent cough for more than three weeks.
_____  Have swollen or tender lymph nodes.
_____  Having careless or indiscriminate sex, i.e. one-night stands.

Would you like to talk with a counselor or have more information about this?

Do you feel you are at risk for any of these conditions?  Yes _____  No_____

Would you like information on where to obtain low cost testing for these conditions? Yes _____  No_____