Patient ID________________

PRIMARY
CARE
TOKYO

HIV nPEP* Registration Form

*nPEP: non-occupational post-exposure prophylaxis

Please fill out to the best of your ability. Information is for medical use only and will be kept strictly confidential

Last Name:		Your current gender identidy:	☐Female ☐Male ☐Other ☐Transgender FTM ☐Transgender MTF		
Given Names:		Date of Birth:	Year	Month	Day
Address:		Emergency contact:			
		Name:			
		Phone:			
Phone:		Relationship:			
E-mail:		Referred by:			

WAS THIS EXPOSURE THE RESULT OF SEXUAL ASSAULT? ☐ YES ☐ NO

CURRENT / PAST HEALTH PROBLEMS:

- ☐ HIV infection
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Syphilis
- ☐ Other STIs:
- ☐ Injection drug abuse
- ☐ Alcohol abuse
- ☐ Tuberculosis
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Psychiatric disease
- ☐ Current pregnancy
- ☐ Other:

CURRENT MEDICATIONS:	Please also include any herbal medications, supplements, or recreational drugs that you use regularly
MEDICATION ALLERGIES:	

Patient ID________________

CHARACTERISTICS of EXPOSURE	
DATE of EXPOSURE: YEAR / MONTH / DAY	TIME of EXPOSURE: am / pm
PLACE (region, country, city) of EXPOSURE:	

SEXUAL CONTACT [Condom used: ☐ YES ☐ NO / Condom slipped/broke: ☐ YES ☐ NO]

- ☐ Receptive anal sex
- ☐ Insertive vaginal sex
- ☐ Insertive anal sex
- ☐ Receptive oral sex
- ☐ Receptive vaginal sex
- ☐ Insertive oral sex

OTHER EXPOSURE [☐ Occupational ☐ Non-occupational]

- ☐ Needle-stick injury
- ☐ Mucous membrane
- ☐ Needle sharing
- ☐ Blood splash

RISK CHARACTERISTICS of SOURCE	
HIV Positive:	☐ unknown ☐ known ☐ suspected
Antiretroviral (ARV) use:	☐ unknown ☐ none ☐ current ARV use ☐ past ARV use
HIV viral load	☐ unknown ☐ known : ☐ undetectable ☐ detectable
Source HIV Risk:	☐ Commercial Sex Worker ☐ MSM ☐ Injection drug use ☐ High prevalence country
Partner status:	☐ Regular ☐ Casual
Hepatitis B	☐ unknown ☐ positive ☐ negative
Hepatitis C	☐ unknown ☐ positive ☐ negative
Other STI	☐ unknown ☐ positive ☐ negative (STI type:)

If there is anything else you would like us to know, please write it in the space below:

THANK YOU!