

Welcome to STI/PAP Klinic!

STI Klinic – Tuesdays-Thursdays 4 p.m.-8 p.m. Fridays 10 a.m. – 3:30 p.m. and
Saturdays 10 a.m.-4 p.m.

Pap Klinic – Saturdays 1 p.m. – 4 p.m.

		Date:	Time seen at tr	iage:
Please kee _l			easons and you may not be seen ns, please ask a staff member!	in the order
What name	would you like us to cal	l you?	Pronoun	
Name:		PHIN:	Date of birth:	
Phone Num	ber(s) we can contact yo	ou at: Do <u>not</u> list phone	e numbers that you do not want	Klinic to call.
	((,,,,)	(C-III)	(01)	
Address:	(Home)	(Cell)	(Other)	
	(Street #, Street Name)	(City, Province)	(Postal Code)	

Why did you come to Klinic today? Please select all that apply.

- O Testing for sexually transmitted infections Ask front desk for urine container before using washroom
- I need treatment for (circle all that apply)
 - Chlamydia and/or gonorrhea
 - Syphilis
 - Trichomonas
 - Herpes
 - Genital warts
- Syphilis follow-up testing
- o Returning for Hepatitis A, Hepatitis B, or HPV immunization
- Returning for results
- Pap test to check for cervical cancer This service only offered on Saturdays
- Pregnancy test Date of last period ______
- Emergency contraception (Plan B)
- Information about sexually transmitted infections
- Safer sex supplies
- Other:



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