FAMILY PLANNING AND REPRODUCTIVE HEALTH BIOLOGICAL MALE FLOW SHEET

First	Last	Middle	6.	*Ht:	* Wt	t:	BMI:	B/P:	
								If to being a self	
Address:	[patient completed] or a dialogue with the provider)								
		1. *Sexual Orientation? □ bisexual □ lesbian, gay or homosexual □ straight or heterosexual □other, something else □unknown							
Phone									
Patient Number				In the past three months, how many partners have you had sex with?					
Date of Birth									
	(MM/DE)/YYYY)	3.		ast 12 month	hs, how	many partne	rs have you	
1. Date:		had sex with?							
Reason for visit:									
Age:				-		le that any of your sex partners in the past 12 d sex with someone else while they were still in a			
2. Allergies (reactio		sexual	relationship	with you	l? □Yes □	∃ No			
3. Adolescent Counseling				What d	STDs and HIV?				
□ Adolescents mu	ust be told services are conf								
involvement is e discussed. R	kual coercion is								
If family part	icipation is not encouraged	why not?							
Adolescents must be advised of what information must be reported due to mandatory reporting laws and how it will be handled if necessary. R				What ways do you have sex? □ vaginal □ oral □				al 🗆 oral 🗆 anal	
								d/or dental dams every	
				-				□ Yes □ No	
			8		ou ever had a				
			0.						
4. Pregnancy Intention*Do you want to have (more) children in the next 12 months?				ii yes, v	which STD a				
	Jnsure □I'm ok either way								
How important is it t	o you to prevent pregnancy	(until then)?	9.	Have an	y of your part	tners ha	d an STD? (i	.e., chlamydia,	
How important is it to you to prevent pregnancy (until then)?				gonorr	hea, trichom	oniasis,	herpes, sypł	nilis, hepatitis B, others)	
				□ Yes	□ No Ify	es, whic	h STD(s) an	d when?	
					,	,			
5. *Contraceptive Me									
(see List of methods provided on page 4)				Have	Have you or any of your partners ever injected drugs?			njected drugs?	
*If no method at intake, why? □Abstinence □Same sex partner □ Other □ Sterile for non-contraceptive reasons □Partner Seeking Pregnancy				□ Yes	s 🗆 No				
				 11. Have you or any of your partners exchanged money or drugs for sex? □ Yes □ No 12. Have you had a HIV test? □ Yes □ No If so, when? 					
Satisfied? Yes No									
Desired method changed? Yes No									
Unprotected Intercourse in Past Five Days: Yes No									
	problems/concerns about	male or female							
methods?	□ No if yes, please ex	plain:	13	. Do yo	u wish to hav	ve a HIV	test today?	□ Yes □ No	

8. MENTAL HEALTH HISTORY

Little interest or pleasure in doing things \Box Yes \Box No

- 2. Are you in a relationship with a person who threatens or physically hurts you? \Box Yes \Box No
- 3. In the past year, have you been slapped, kicked or otherwise physically hurt by someone?
 Q Yes Q No

9. System Review:	Code	Comments
Inexplained Weight loss or		
gain		
Headache		
Blurry or double vision/flashing lights in vision		
Shortness of breath/difficulty		
breathing		
Numbness or tingling in extremities		
Swelling in extremities		
Rectal bleeding		
Urinary frequency, urgency,		
burning/blood in urine		
Easy bruising or bleeding		
Rashes/growths/lesions		
Other problems		
	I	1

11. Labs:		Comments:
*GC	$\Box Y \Box N$	
Urethral smear		
*Chlamydia	□Y □N	
*HIV		
*Syphilis		
Glucose		
Hepatitis C	\Box Y \Box N \Box Referred for testing	
Other labs		

*Indicates item to be extracted to LHD-HSA for Family Planning Annual Report (FPAR) DHHS 2814M (Reviewed 03/2025) Reproductive Health Branch (Review 06/2025)

 12. Education/Counseling: Information needed to make informed decisions regarding family planning: (check all that apply) Adolescents must be informed about all methods of contraception R for adolescent clients Use specific methods of contraception and identify adverse effects (at initiation of a contraceptive method) I Reduce risk of transmission of STDs and HIV based on sexual risk assessment I Review pregnancy intention (required annually) I 	 13. Client-Centered Method Counseling: Individual dialogue covers: Results of physical assessment and labs (if performed) R *Client centered contraceptive counseling/education provided R Provide Emergency Contraception Counseling if pregnancy is not desired I Protection from STDs if non-barrier method is chosen I 				
 Review immunization history and inform client of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers R Understand BMI greater than 30 or less than 18.5 is a health risk (weight management educational materials to be provided to clients if client requests) I Stop tobacco or Electronic Nicotine Delivery System (ENDS) use, implementing the 5A counseling approach I *Provide counseling to become pregnant and preconception counseling I Provide basic infertility counseling I 	 Protection from STDs if non-barrier method is chosen I Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) R When to return for a follow up (planned return schedule) R Appropriate referral for other services I Teach Back Method used Yes No 				
 14. Assessment/Plan/Method/Referrals: *Contraceptive Method at Exit: (see List of methods provided on page 4) *If no method at exit, why? Abstinence Same sex partner Other Sterile for non-contracepti 	ive reasons □Partner Seeking Pregnancy				

*How was method dispensed? (if method provided) □Provided on site □Referral □Prescription

Nurse Interviewer:

Nurse Dispensing if Different from Interviewer:

Examiner Signature:

15. (These signatures attest that ROS, health history form and required education/counseling have been reviewed and discussed with client)

List of Contraceptive Methods

Implantable rod IUD with Progestin IUD copper IUD unspecified Female sterilization Vasectomy Injectables Combined oral contraceptive pills Progestin only contraceptive pills Contraceptive patch Vaginal ring Male condom Diaphragm or cervical cap Female condom Withdrawal Spermicide **Contraceptive Gel** Sponge Fertility awareness-based methods Lactational amenorrhea method Male relying on female method Emergency contraception Decline to answer None