Always take a direct, sensitive, non-judgmental sexual history as part of the medical history of all patients. A comprehensive sexual history covering who, what, when, how, and how often can determine risk for HIV and other sexually transmitted diseases, and point you in the right direction for the STD physical examination and laboratory testing.

It's up to you to set the stage. Listen carefully for behaviors that put your patient at risk. Watch out for assumptions, and never be judgmental. Patients who are afraid of what you think of them may make up "acceptable" histories, sidetracking an accurate diagnosis. While some patients (and some clinicians) find it difficult to discuss sexual behavior, many patients are grateful for the chance to talk openly with their doctors.

Make it routine. Behavior can change, so periodic updates are a good idea. Obtain the sexual history in the context of the overall medical history. For example,

"For me to give you the best care, there are some things I need to know about you, like how much and how often you drink, your use of non-prescription drugs, your sexual practices, any special diets you've been on, and whether you've recently traveled outside the country."

Think "sexual behavior," not "sexual orientation." “Do you have sex with men, women, or both?” may be less threatening--and more accurate--than, "Are you heterosexual, or are you gay (or lesbian)?" (Most gay men and lesbians today find "homosexual " offensive.) While knowing a patient's sexual orientation is part of knowing the patient (and, therefore, good medicine), sexual orientation and sexual behavior are not necessarily congruent. For example, some men have sex with other men, even frequently, without calling themselves gay or bisexual. Many lesbians, at some time in their lives, have had sex with men. It is unprotected sexual contact--not sexual orientation--that puts patients at risk for HIV and other sexually transmitted diseases.

Find your patient's level of understanding. Then speak at that level, using the vernacular if you think it's appropriate. For example, "Do you practice receptive anal intercourse?”, may be clear to many patients; but it may be necessary to ask others, "Does your partner put his penis in your behind?" Explain what you mean by "sex." Many people who practice oral sex, for instance, don't call it that, reserving "sex" for vaginal intercourse only.

Don't take shortcuts at the cost of information. The questions are designed to reveal behaviors known to raise a person's chances of acquiring HIV and other sexually transmitted diseases. You might ask more, fewer, or different questions, based on how your patient responds. What matters if that you not skip questions because of assumptions. (Mr. Jones is a grandfather; no sense asking if he's been tested for HIV.) Avoid close-ended questions (You only have sex with your wife, right?). A comprehensive sexual history may sometimes uncover problems that are beyond the scope of your relationship with your patient: alcoholism, drug
addiction, and the gentle management of sexually abused children or adults, for example, may call for expert consultation or referral. Otherwise, in general, try to obtain all the information suggested by these questions from both men and women, regardless of marital status, sexual orientation, race, ethnicity, or age.

**Talk about "safer sex."** Studies show that individual counseling by physicians is the single most powerful factor in persuading patients to change unsafe health behaviors. New York City is an epicenter of the AIDS epidemic. Every clinician, whatever your specialty, should take every appropriate opportunity to explain to every patient how this is--and is not--transmitted. Tell patients about high-risk sexual behavior. Since almost no one finds celibacy an acceptable option for avoiding risk, make sure patients know that some behaviors are safer than other. Help patients figure out how to replace activities that carry high risk for HIV transmission (such as unprotected anal intercourse) with substantially "safe" practices (oral intercourse with a condom, mutual masturbation). Recent studies show clearly that proper and consistent use of latex condoms can dramatically decrease the transmission of HIV and other sexually transmitted diseases. Unless they are involved in a completely monogamous relationship with a partner known not to be infected with HIV or another sexually transmitted disease, strongly advise both men and women to use condoms. Excellent patient education materials on safe sex and condom use are available from the Health Department. To receive these, call the STD Education Office of the Bureau of HIV Program Services. Patients may call the AIDS Hotline for confidential HIV counseling, including safer sex information, and assistance in arranging confidential or anonymous HIV testing.

**WHO IS AT RISK?**
Person younger than 25--especially adolescents--and those who become sexually active before age 16 are at increased risk for acquiring sexually transmitted diseases, especially gonorrhea and chlamydia. The following persons are at high risk for HIV and other sexually transmitted diseases: persons whose partners have an STD, or are HIV-infected, those with a history of STD, those who have multiple sex partners, persons who have sex without a condom (unless both partners are 100% monogamous and uninfected with HIV or other STDs), those who engage in high-risk sexual practices, and injection drug users and others who abuse drugs or alcohol or who trade sex for drugs.

**VIGOROUSLY ENCOURAGE COUNSELING AND HIV TESTING**
Because of the high prevalence of HIV infection in New York City, all sexually active New Yorkers should be counseled about the importance of knowing their HIV antibody status, and routinely offered HIV antibody testing. STD patients and their partners are at high risk for acquiring HIV and should be strongly encourage to get an HIV test. HIV testing is also especially important for pregnant women and their partners, and for persons with tuberculosis, syphilis, chancroid, herpes, and other diseases for which HIV infection affects diagnosis, treatment, or follow up. Informed consent, and counseling before and after HIV testing, is required by law in New York State. All persons should be counseled on the meaning of their HIV test results and on the importance of practicing safer sex. The sexual partners of HIV-infected persons should be notified and offered counseling and HIV antibody testing. Confidential consultation and services for informing the sexual partners and needle-sharing contacts of HIV-infected persons are available from the Health Department. Most primary-care
physicians are qualified to provide initial evaluation and follow-up of uncomplicated HIV infection. Symptomatic HIV-seropositive patients should be referred to an experienced primary-care physician or clinic.

**An STD is evidence of unprotected sex. If you suspect one STD, suspect others.** Guided by the sexual history, do a complete STD-oriented physical examination and laboratory workup. In the basic physical examination, inspect scalp and pubic hair for the alopecia of secondary syphilis and the nits of lice.