



**CENTER OF EXCELLENCE
for Integrated Health Solutions**
*Funded by Substance Abuse and Mental Health Services Administration
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SEXUAL HISTORY AS A VITAL SIGN

2021

Primary care and behavioral health providers alike can benefit from reviewing this illustrated case study. Focused on a topic critical to the next generation of integrated care provision: Sexual History as a Vital Sign, this illustrated case study is part of a two-part series of resources designed to offer an alternative learning pathway for upskilling on key components of integrated healthcare. The other illustrated case study, “Chronic Disease and Trauma” can be viewed [here](#). Primary Care Development Corporation (PCDC) created this resource in partnership with the SAMHSA Center of Excellence for Integrated Health Solutions. This illustrated case study is printable and can be shared on social media with credit/citation to @PrimaryCareDev.

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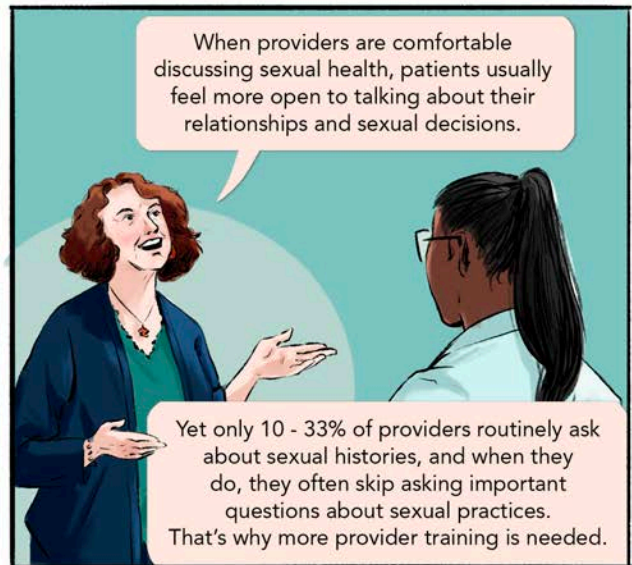
Sexual History as a Vital Sign

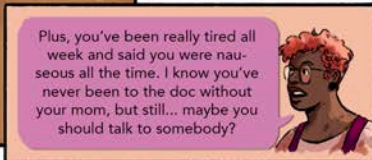


Hi, I'm Judy! As a nurse with 35 years in the maternal and children's health field, I know how important discussing a patient's sexual history is. After all, it's a key part of patient-centered care and integrated care practice!

We know that some providers need more information and practice to feel confident having these conversations. Now, let's meet Carolyn and learn a little about her experience seeking care.

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I just can't tell him what I'm afraid of. Hopefully he's right... I really hope I'm not pregnant.



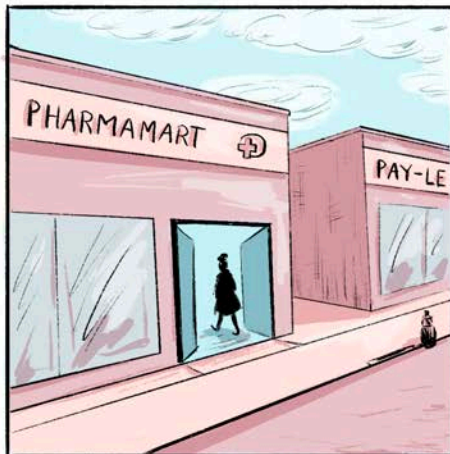
Missed Opportunity:

The Importance of Discussing Sexual History with a Patient

Discussing sexual history with a patient, such as asking about LMP (last menstrual period), contraceptive methods, condom use, relationship status, and trauma history is both critical and a part of providing patient-centered integrated care.

1. If a provider asks these questions, a patient may feel invited to share openly about additional reasons behind their visit.
2. A patient can receive pregnancy and/or HIV/STI testing, contraceptive counseling, emergency contraception, and PrEP or PEP if eligible.
3. If a provider or practice routinely screens for intimate partner violence and trauma, a patient has more opportunity to potentially disclose abuse or any escalating emotional, physical, or sexual violence that may be occurring in their lives.

For more, contact cqp@pcdc.org



Hopefully, Carolyn will confide in a friend, a family member, and/or will go back to the FQHC or another reproductive healthcare center without too much delay.

However, this often doesn't happen, particularly with young people concerned about stigma, confidentiality, fear, or judgement.

Carolyn would benefit from having a primary care and behavioral health team supporting her right now. If Carolyn doesn't seek health care again soon, the outcome will be an advanced pregnancy without decision-making counseling assisted health care.

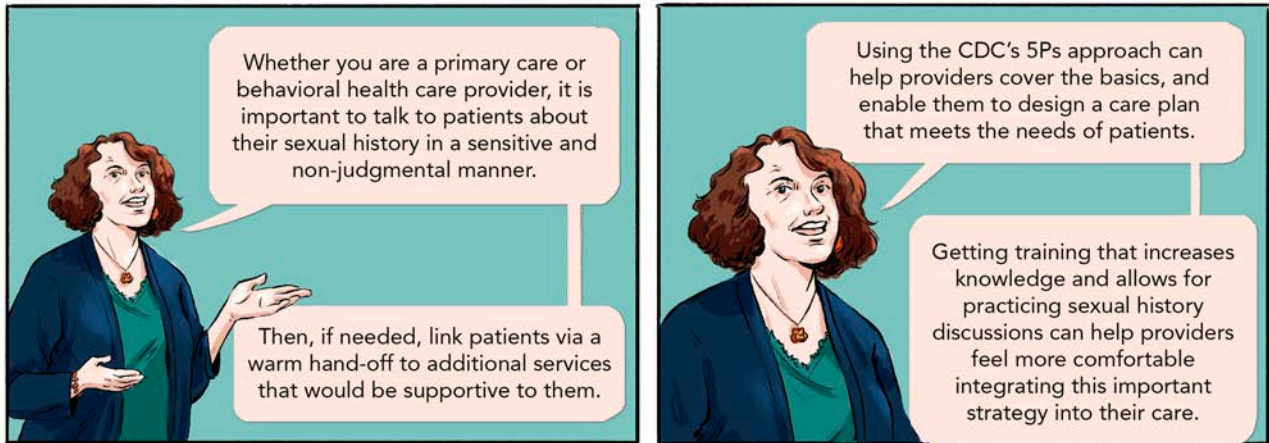


Best Practice Opportunity:

Discussing Sexual History with a Patient: Getting Started

- Assess your own comfort level, then create a safe environment: provide a short description of who you are, what you are going to do, and set expectations.
- Establish trust and open communication: ask rapport-building questions first, talk about confidentiality, then normalize the discussion by explaining that you ask all patients these questions.
- Avoid assumptions: Ask open-ended questions so the patient can inform you about their relationship status, sexual orientation, gender identity, and any potential risk behaviors.
- Leverage integrated care: discussing sexual history can illuminate unaddressed health needs. Provide a warm hand-off to behavioral health, social services, and primary care services when possible.
- Here's an example: "I'm now going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are personal, but they are important for your overall health. Just so you know, I ask all my patients these questions, no matter their age, gender, or marital status. These questions are as important as other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?"

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The CDC's 5P's of Sexual Health

Approaches to sexual history may vary somewhat based on age, gender, and/or culture. Yet, the basic principles of talking about sexual history include the **5P's**.

PARTNERS:

Do you have sex with men, women, or do you have partners of all genders?

PRACTICES:

What kinds of sex are you having — oral, vaginal, anal?

PAST STIs:

Have you ever had an STI (sexually transmitted infection) or HIV?

PREVENTING PREGNANCY:

Based on partner information, you might be able to determine if the patient is likely to become pregnant or contribute to the pregnancy of a partner. If so, first determine if pregnancy is desired, and ask questions in a gender-appropriate way.

PROTECTION:

What do you do to protect yourself from sexually transmitted infections (STIs)?

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Glossary

FQHC: Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. *HRSA

HIV: HIV (*human immunodeficiency virus*) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment. *HIV.gov

Integration: Efforts to provide healthcare services that bring together all of the components that make humans healthy. *CFHA

PEP: Post-exposure prophylaxis means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

PrEP: Pre-exposure prophylaxis is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV. *CDC

STI: Sexually transmitted infections (STIs) are also called sexually transmitted diseases, or STDs. STIs are usually spread by having vaginal, oral, or anal sex. *womenshealth.gov

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All art by [K.Mills](#)

