



DATE: _____

ECW#: _____

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH
CLIENT REGISTRATION FORM

The following information is for the purpose of registration only and will be kept confidential.

LAST NAME _____

FIRST NAME _____

MIDDLE NAME/INITIAL _____

Date of Birth _____
(Month/Day/Year)

Have you ever used a different last or first name? (circle one) No Yes: _____
Other Name

Gender: ___ Male ___ Female ___ Transgender

Address: _____ Apt. # _____

City: _____ State _____ Zip _____

Tel. # (home/message) _____ Tel # (work/cell) _____

Ethnicity (Check only ONE):

White/Caucasian Black or African American American Indian/ Alaskan Native
 Asian Native Hawaiian or other Pacific Islander (must specify) _____
 Other (specify): _____

Race: (Check only ONE): ___ Hispanic/Latino ___ Non-Hispanic/Non-Latino

Primary Language Spoken: ___ English ___ Other (specify): _____



Maricopa County Department of Public Health Request For Clinic 6 Services

The STD Clinic only tests for Chlamydia, Gonorrhea, Syphilis and HIV and only treats Chlamydia, Gonorrhea and Syphilis. Your services today will not include testing or treatment for any other infections (such as Herpes or warts). If you would like to be tested or treated for any other infection, please ask our clinic staff for a list of community service providers.

*****YOU WILL NOT GET A REFUND IF YOU REFUSE SERVICES IN THE CLINIC*****

PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE

To provide you with the best possible health care services, please choose one of the following options:

EXPRESS TESTING: you will be asked for a blood and urine sample. You will be tested for Chlamydia, Gonorrhea, Syphilis and HIV and your test results will be available after 3 business days. You will **NOT** receive treatment today.

Select Express Testing only if:

- You have **NO** symptoms of an STD; and
- You have **NOT** been told by a doctor or Public Health staff to come in; and
- **NO ONE** you have had sex with has an STD

INTAKE VISIT: you will be asked some questions and you will be asked for a blood and urine sample. You *may* be asked to provide samples for additional testing, and you *may* or *may not* receive treatment today.

Select Intake Visit only if:

- You are having symptoms of an STD (such as sore/rash) **NOW**; or
- You have been told by a doctor or Public Health staff to come in; or
- A sexual partner said that they have an STD; or
- You have been told that someone you have had sex with has an STD

RAPID HIV TESTING

- Rapid testing is available from 8:00 a.m. to 3:00 p.m.
- Could take up to two hours for test results