

Doxy PEP Risk Assessment Tool

Doxy PEP Risk Assessment Tool		
For provider to record the below information about patient:		
Age: <input type="checkbox"/> Under 18 years <input type="checkbox"/> 18 – 24 years <input type="checkbox"/> 25 – 34 years <input type="checkbox"/> 35 – 44 years <input type="checkbox"/> 45 – 54 years <input type="checkbox"/> 55 – 64 years <input type="checkbox"/> 65 years and older	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-binary/Third Gender <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say	Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say
Insurance Status: <input type="checkbox"/> Insured <input type="checkbox"/> Uninsured <input type="checkbox"/> Prefer not to say	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Risk Assessment		
<p><u>Definition of Sexual Behavior:</u> For the purpose of this assessment, sexual behavior is defined as any behavior/activity involving genital, oral, or anal contact with another person that may lead to the transmission of infections. This includes vaginal, anal, and oral sex, as well as other forms of intimate contact where bodily fluids may be exchanged.</p>		
<p><u>Please place a check by each true statement</u></p>		
<p>Required Criteria (<i>must meet both</i>):</p> <p><input type="checkbox"/> The patient is 18 years old or older.</p> <p><input type="checkbox"/> The patient identifies as a man who has sex with men (MSM) or as a transgender woman (TGW).</p>		
<p>Additional Risk Factors (<i>Select all that apply</i>):</p> <p><input type="checkbox"/> The patient engages in unprotected sexual activity (sex without a condom or other barrier method) in the past 12 months.</p> <p><input type="checkbox"/> The patient has been diagnosed and treated with a sexually transmitted infection in the past 12 months.</p>		
<p><u>Clinical Guidance:</u> According to the 2024 Centers for Disease Control and Prevention guidelines, MSM and TGW who have had a bacterial STI in the past year are the priority group for Doxy PEP. However, prescribing may be appropriate for those meeting <u>the required criteria</u> with additional risk factors.</p>		
Care Plan:		
Is this patient eligible for Doxy PEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was patient counseled on Doxy PEP (<i>or previously</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was Doxy PEP prescribed (<i>or previously</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not prescribed, reason:	<input type="checkbox"/> Patient Declined	<input type="checkbox"/> Not Advised, per CDC