

SEXUAL HEALTH CARE CARD

USE THIS CARD TO HELP FACILITATE AFFIRMING CONVERSATIONS BETWEEN YOU AND YOUR CARE PROVIDER(S)

PLEASE CALL ME:

I USE THIS NAME, EVEN IF IT DOES NOT MATCH THE NAME ON MY HEALTH CARD / ID.

My pronouns are:

I have:

- internal sex organs (vagina/vulva) external sex organs (penis) both

The genders of my sexual partners are:

- men women 2-Spirit
 nonbinary or genderqueer all genders

I have sex with people that have:

- internal sex organs (vagina/vulva) external sex organs (penis) both

I am on these medications:

I use this for protection:

I was last tested for STBBIs:

Regarding my health and wellness, I feel:

- safe at risk really needing help

I am here because:

I have this pre-existing condition: