



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:

ADDITIONAL NOTES:

This is a resource that is still in development. Please let us know if there is something that you think should be included or changed. We want to hear your feedback!

Use the QR code to access our feedback form:

