**O**

|  |  |
| --- | --- |
| FORENAME: | PREVIOUS SURNAME: |
| SURNAME: | HAVE YOU ATTENDED HERE BEFORE? Yes [ ]  No [ ]  |
| GENDER: Male: [ ]  Female [ ]  [ ]  Other, please specify  | Is your Gender Identity the same as birth? Yes [ ]  No [ ]  |
| DATE OF BIRTH:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 | Mobile Number:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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 |
| ADDRESS: | Other Contact Number:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

 |
|  | GP Name / Surgery: |
| POST CODE:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 | Can we write to your GP? Yes [ ]  No [ ]   |
| Country of Birth:  | **Reason for attending**: Own accord [ ]  GP [ ]   THT [ ]  Other [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Can we?** | Text your mobile? Yes [ ]  No [ ]   | Telephone you? Yes [ ]  No [ ]    |  Write to you at home? Yes [ ]  No [ ]    |

***TEST RESULTS ARE SENT BY TEXT MESSAGE ONLY***

**If one of your results is positive and you need treatment for your health, we will try to call you / text you. If you don’t respond we will send you a letter in a plain envelope marked “Private & Confidential”**

**Please tick your ethnic group**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  White British | [ ]  White & Black Caribbean | [ ]  Indian | [ ]  Black Caribbean | [ ]  Chinese |
| [ ]  White Irish | [ ]  White & Black African | [ ]  Pakistani | [ ]  Black African | [ ]  Any other |
| [ ]  White Other | [ ]  White & Asian | [ ]  Bangladeshi | [ ]  Black other |  |

**Do you have any of the following disabilities?** *(Please tick appropriate?)*

|  |  |  |
| --- | --- | --- |
| [ ]  Autistic Spectrum Disorder | [ ]  Physical Disability | [ ]  Visual Impairment |
| [ ]  Hearing Impairment | [ ]  Learning Difficulty | [ ]  Other (please state) |

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: DATE OF BIRTH: DATE:

So we ensure you are dealt with by the correct staff member please highlight or tick which problems / streams applies to you today and email the form back to buc-tr.bhtbshaw@nhs.net. We offer tests for infections to everyone. If you have difficulties filling the form, please call 0300 303 2880 and a member of the team will be happy to help you.

|  |
| --- |
| **Sexual health** |
| **Stream 1** [ ]  | **Stream 2** [ ]  | **Stream 3** [ ]  | **Stream 4** [ ]  | **Stream 5** [ ]  |
| I have nothing wrong. I just want a check up (chlamydia, gonorrhoea, HIV and syphilis) | I have no symptoms, but a sexual partner told me they had a sexually transmitted infectionThis clinic has asked me to return for wart treatmentThis clinic has asked me to return for repeat tests This clinic has asked me to return for a vaccinationI am pregnant | My vaginal discharge is different from usualMy genital area / vagina is itchy I have irritation / tingling or discharge from my penisI have pain when I pass urineI have bumps, lumps or spots in my genital or anal areaI have symptoms and a partner has told me they have a sexually transmitted infectionI am under 18 | I have abdominal (tummy) pain or pain during sexI have abnormal vaginal bleedingI have anal pain or dischargeI have genital ulcers (sores) or anal areaI have been asked to return for a PEP or PrEP reviewI need more antibioticsI have a pain, lump or swelling in my testicles | This clinic called me to come and see the health adviserI have had unprotected sex in the last 72 hours with someone who might have HIVI may have been sexually assaultedI have been subjected to domestic violenceI need to arrange a copy of my results |
| **Contraception** |
| **Stream 1** [ ]  | **Stream 2** [ ]  | **Stream 3** [ ]  | **Stream 4** [ ]  |
| I only want condoms | I need more pills (we do not supply Nuvaring, Yasmin, Dianette or EVRA but can discuss alternatives)I need my next injectionI would like to discuss different types of contraceptionI need emergency contraceptionI need a pregnancy test I want to use a diaphragm | I would like to start the pill / injectionI would like an implant I would like my implant removedI would like a coil: IUD/IUS – we can only fit these for contraception NOT heavy bleedingI would like my coil removed | I have problems with my contraception – pill /injection /implant /coil |
| **I have other worries (please describe)** |