**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:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |
| 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](mailto: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 infection  This clinic has asked me to return for wart treatment  This clinic has asked me to return for repeat tests  This clinic has asked me to return for a vaccination  I am pregnant | My vaginal discharge is different from usual  My genital area / vagina is itchy    I have irritation / tingling or discharge from my penis  I have pain when I pass urine  I have bumps, lumps or spots in my genital or anal area  I have symptoms and a partner has told me they have a sexually transmitted infection  I am under 18 | | I have abdominal (tummy) pain or pain during sex  I have abnormal vaginal bleeding  I have anal pain or discharge  I have genital ulcers (sores) or anal area  I have been asked to return for a PEP or PrEP review  I need more antibiotics  I have a pain, lump or swelling in my testicles | | This clinic called me to come and see the health adviser  I have had unprotected sex in the last 72 hours with someone who might have HIV  I may have been sexually assaulted  I have been subjected to domestic violence  I 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 injection  I would like to discuss different types of contraception  I need emergency contraception  I need a pregnancy test  I want to use a diaphragm | | I would like to start the pill / injection  I would like an implant  I would like my implant removed  I would like a coil: IUD/IUS – we can only fit these for contraception NOT heavy bleeding  I would like my coil removed | | I have problems with my contraception – pill /injection /implant /coil | |
| **I have other worries (please describe)** | | | | | | |