|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name: *IN BLOCK CAPITALS***Click or tap here to enter text. | **Do you consider yourself to have a disability?** [ ]  Yes [ ]  No*If yes, please give some detail:**Physical / Non-physical* *Literacy/learning e.g. dyslexia*  Click or tap here to enter text. | **Gender at birth**[ ]  Female [ ]  Male [ ]  Not known  | **Gender identity**[ ]  Female (inc trans woman) [ ]  Male (inc trans woman) [ ]  Non-Binary[ ]  Other[ ]  Not stated | A blue and white logo  Description automatically generated |
| **Date of birth**Click or tap here to enter text. | **Age**Click or tap here to enter text. | **Country of birth**Click or tap here to enter text. | **How was your visit today?**Click or tap here to enter text. |
| **Mobile phone number**Click or tap here to enter text. | **House number and postcode**Click or tap here to enter text. | **Ethnic code** *(see page 2)*Click or tap here to enter text. | **Sexual orientation code** *(see page 2)*Click or tap here to enter text. |
|  |  |  |  |
| **STAFF ONLY SECTION** |
| **Venue name**Click or tap here to enter text. | **Date**Click or tap here to enter text. | **Form completed by (block capitals)**Click or tap here to enter text. |
| **For everyone** | **YES** | **NO** | **Comments** |
| C-Card Scheme - Confidentiality discussed and information provided |[ ] [ ]   |
| Sharing of information with Trust sexual health services (GDPR) – read statement from page 2 – **CONSENT GIVEN**  |[ ] [ ]  **Only proceed if consent given** |
| **For under 16s and vulnerable adults** | **YES** | **NO** | **Comments** |
| Fraser Assessment  |[ ] [ ]  Click or tap here to enter text. |
| Fraser Competent |[ ] [ ]  Click or tap here to enter text. |
| Discussed safer sex and healthy relationships.Safeguarding or Child Protection including risk of CSE, where met partner discussed inc social media |[ ] [ ]  Safeguarding referral made? Other Comments e.g. Onward |
| Condom demonstration completed |[ ] [ ]  Click or tap here to enter text. |
| C-Card issued |[ ] [ ]  Click or tap here to enter text. |
|  |  |  |  |
| **! IMPORTANT ! STAFF PLEASE COMPLETE** |  |  |  |
| **C-Card Number** Click or tap here to enter text. | **Type of registration**[ ]  New[ ]  Review [ ]  Lost card  | **First pack given?**[ ]  Yes[ ]  No |

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| **ETHNIC CODES** |
| **A** WHITE - BRITISH  | **J** ASIAN OR ASIAN BRITISH - PAKISTANI |
| **B** WHITE - IRISH | **K** ASIAN OR ASIAN BRITISH - BANGLADESHI |
| **C** WHITE - OTHER | **L**  ASIAN OR ASIAN BRITISH - OTHER  |
| **D** MIXED – WHITE AND BLACK CARIBBEAN  | **M** BLACK OR BLACK BRITISH - CARIBBEAN |
| **E** MIXED – WHITE AND BLACK AFRICAN | **N**  BLACK OR BLACK BRITISH - AFRICAN |
| **F** MIXED – WHITE AND ASIAN  | **P**  BLACK OR BLACK BRITISH - OTHER BLACK BACKGROUND |
| **G**  MIXED - OTHER  | **R**  OTHER ETHNIC GROUPS - CHINESE |
| **H** ASIAN OR ASIAN BRITISH - INDIAN | **S**  OTHER ETHNIC GROUPS - OTHER  |

|  |  |
| --- | --- |
| **SEXUAL ORIENTATION CODES** |  |
| **A** HETEROSEXUAL (STRAIGHT)  |  **E** DON’T KNOW / NOT SURE |
| **B** GAY |  **F** PATIENT DECLINED TO ANSWER |
| **C** LESBIAN |  **G** PATIENT WAS NOT ASKED |
| **D** BISEXUAL  |  **H**  NONE OF THE ABOVE |

**MPFT GDPR Statement**

The information you provide within this form will be shared with Midlands Partnership University NHS Foundation Trust. Your information will be used to create an electronic sexual health record which is confidential and not shared with other services, unless we have reason to believe you or someone else is at risk of harm and the information in this form is relevant to keeping you safe. If you would like more information relating to your rights and the Trust, ask the professional that is registering you