

Full name: IN BLOCK CAPITALS	Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give some detail:</i> <i>Physical / Non-physical</i> <i>Literacy/learning e.g. dyslexia</i>	Gender at birth <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not known	Gender identity <input type="checkbox"/> Female (inc trans woman) <input type="checkbox"/> Male (inc trans woman) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Not stated
Date of birth	Age	Country of birth	How was your visit today?
Mobile phone number	House number and postcode	Ethnic code (see page 2)	Sexual orientation code (see page 2)



STAFF ONLY SECTION			
Venue name	Date		Form completed by (block capitals)
For everyone	YES	NO	Comments
C-Card Scheme - Confidentiality discussed and information provided	<input type="checkbox"/>	<input type="checkbox"/>	
Sharing of information with Trust sexual health services (GDPR) – read statement from page 2 – CONSENT GIVEN	<input type="checkbox"/>	<input type="checkbox"/>	Only proceed if consent given
For under 16s and vulnerable adults	YES	NO	Comments
Fraser Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Fraser Competent	<input type="checkbox"/>	<input type="checkbox"/>	
Discussed safer sex and healthy relationships. Safeguarding or Child Protection including risk of CSE, where met partner discussed inc social media	<input type="checkbox"/>	<input type="checkbox"/>	
Condom demonstration completed	<input type="checkbox"/>	<input type="checkbox"/>	
C-Card issued	<input type="checkbox"/>	<input type="checkbox"/>	

! IMPORTANT ! STAFF PLEASE COMPLETE		
C-Card Number	Type of registration <input type="checkbox"/> New <input type="checkbox"/> Review <input type="checkbox"/> Lost card	First pack given? <input type="checkbox"/> Yes <input type="checkbox"/> No

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