|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name:  *IN BLOCK CAPITALS*** | | **Do you consider yourself to have a disability?**  Yes  No  *If yes, please give some detail:*  *Physical / Non-physical*  *Literacy/learning e.g. dyslexia* | | | **Gender at birth**  Female  Male  Not known | | | **Gender identity**  Female (inc trans woman)  Male (inc trans man)  Non-Binary  Other  Not stated | A blue and white logo  Description automatically generated |
| **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 | | | |  | |  |  | | |
| 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 | | | |  | |  |  | | |
| Fraser Competent | | | |  | |  |  | | |
| Discussed safer sex and healthy relationships.  Safeguarding or Child Protection including risk of CSE, where met partner discussed inc social media | | | |  | |  |  | | |
| Condom demonstration completed | | | |  | |  |  | | |
| C-Card issued | | | |  | |  |  | | |
|  | | | |  | |  |  | | |
| **! IMPORTANT ! STAFF PLEASE COMPLETE** | | | |  | |  |  | | |
| **C-Card Number** | | | | **Type of registration**  New  Review  Lost card | | | **First pack given?**  Yes  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