NHS Highland University Board

HIGHLAND SEXUAL HEALTH: REGISTRATION FORM

PERSONAL INFORMATION:

First Name: ____________________

Last Name: ____________________

Date of Birth: [|] [|] [|] **(DD/MM/YY)**

Your Gender: ____________________

Address: ____________________

____

____________________ Postcode: ____________________

Telephone (Mobile) ____________________

Telephone (Landline) ____________________

Email: ____________________

We may need to contact you, for example with test results.

Please tick your contact options in the box below.

	Yes	No
Mobile Phone		
Landline Phone		
Address		
Email address		

GP Details:

GP's Name: ____________________

Address: ____________________

____

Can we write to your GP? YES ☐ **NO** ☐

We usually download your contact details and NHS (CHI) number from the NHS computer. Please tick here if you do not want us to do this ☐

Your Feedback:

Can we contact you for your views on the service or research purposes?

YES ☐ **NO** ☐

EQUALITY MONITORING

Your Ethnicity

White

- ☐ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group

Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic group

Asian, Asian Scottish or Asian British

- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other

African, Caribbean or Black

- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other

Other

- ☐ Arab
- ☐ Other

Do you consider yourself disabled?

- ☐ No
- ☐ Yes: Sensory (hearing/visual)
- ☐ Yes: physical
- ☐ Yes: Learning
- ☐ Yes; mental health
- ☐ Not disclosed

Signature: **Date:** / /

HIGHLAND SEXUAL HEALTH: HEALTH QUESTIONNAIRE

Question	Response
Are you taking any medication, including any bought by yourself?	☐ No ☐ Yes – please provide details
Do you have any allergies?	☐ No ☐ Yes – please provide details
Have you ever had any major health problems including operations?	☐ No ☐ Yes – please provide details
Has your mother/father/brother/sister had any of the following?	☐ VTE – blood clot in leg or lungs ☐ Breast cancer
Are your sexual partners	☐ Male ☐ Female ☐ Both
When was the last time you had sex	
Have you had sexual contact with anyone **new** in the last 3 months?	☐ No ☐ Yes ⇨ How many?
Have you ever suffered physical, sexual or emotional abuse by a partner?	☐ No ☐ Yes
Do you smoke	☐ No never ☐ No stopped ⇨ How long ago? ☐ Yes ⇨ How many?
Have you or one of your sexual partner's ever injected drugs?	☐ No ☐ Yes I have ☐ Yes a partner has
FOR FEMALE PATIENTS ONLY	
Do you use a method of contraception?	☐ No ☐ Yes ⇨ Which one?
Do you think you are at risk of being pregnant?	☐ No ☐ Yes
What date did your last period start	
When did you last have a cervical 'smear' test?	
Have you ever been pregnant?	☐ No ☐ Yes - please provide numbers of

Live births	
Miscarriages	
Ectopic	
Termination of pregnancy	

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RECOGNISING HARMFUL DRINKING

Alcohol can sometimes contribute to sexual health problems. Please answer the following questions and add up your score.

1 Unit	=	½ Pint Beer	1 Small Glass of Wine (125mls)	1 Single Spirit Measure

	0	1	2	3	4
How often do you have **6** units of more on any single occasion?	Never	Less than monthly	monthly	weekly	Daily or almost daily
How often during the last year, have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	monthly	weekly	Daily or almost daily
How often during the last year, have you failed to do what was expected of you because of drink?	Never	Less than monthly	monthly	weekly	Daily or almost daily
In the last year has a relative, friend or doctor or healthcare professional been concerned about your drinking and suggested you cut down?		Yes on one occasion			Yes on more than one occasion

Your Score [ ]

Scored 2 or less? Well done you seem to be drinking within normal limits