

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: / /