Confidential. To be retained on patient notes.

Salisbury NHS Foundation Trust

Department of Sexual Health

Date:	**Clinic number: (office use)**

First Name(s):	**Surname:**

How do you identify? **Male ☐ Female ☐ Trans Male ☐ Trans Female ☐ Non-Binary ☐** **Declined ☐ Other ☐ .....**	
Current Gender:	**Gender at Birth:**

Date of Birth:	**Occupation:**
Country of Birth:	**Nationality:**

Address: **Postcode:**	**GP Details:** **Is it OK to contact your GP? Yes/No** **(please see over for explanation)**

Contact Telephone Numbers **Preferred Number:** **Other number:**	**Can we contact you by:** Phone Yes/No Text Yes/No Letter Yes/No **Can we leave a message on your:** Mobile Yes/No Phone Yes/No **Please circle how you would like to receive your results:** Text Return to clinic

Please tell us why you are here today: (please tick all that apply)

1) Are you here for: **Contraception ☐ Sexual Health ☐ Both ☐**
2) Do you have symptoms (e.g. bleeding, pain, lumps & discharge)? **Yes ☐ No ☐**
3) Do you think you are at risk of HIV? **Yes ☐ No ☐**
4) Do you think you need Emergency Contraception? **Yes ☐ No ☐**

I describe my ethnic origin as follows: (see over for explanation)

White British		Mixed White & Black Caribbean		Indian - Asian/Asian British	
White Irish		Mixed White & Black African		Pakistani - Asian/Asian British	
White - Other Background		Mixed White & Asian		Bangladeshi – Asian/Asian British	
Caribbean – Black/Black British		Mixed - Other Background		Asian - Other Background	
African – Black/Black British		Chinese		Not Given	
Black – Other Background		Any Other Ethnic Group			

Do you consider yourself disabled? Yes ☐ No ☐

Author: Amy Pearce
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Date: 20/07/2021
Review: October 2021

PTO if you need any help completing this form, please contact reception

Salisbury NHS
NHS Foundation Trust

Confidentiality

Here to listen, not to tell
We provide a confidential service to all our patients, including under 16's.
This means that:

- All your history and tests are kept separate from the main hospital records and from your GP unless you consent to share any relevant information.
- Anything you say to us will be treated with respect

The only reason why we might have to consider contacting another service or professional (for example your GP or Social Services) without your permission would be when we need to act to protect you or someone else from serious harm – and we would always try to discuss this with you first.

Why we may need to contact your GP
Although our records and tests are kept separate from the main hospital and your GP, there are times when we may suggest that we inform and involve your GP of ongoing treatments or conditions. We would only write to your GP with your agreement.

Ethnicity Monitoring
Salisbury District Hospital, like all parts of the NHS, is required to collect information about our patients. It is used only for monitoring purposes, to ensure that our services reach everyone in the community.

Results

Results are available two weeks after your tests were undertaken. You can receive your results by SMS text message to your mobile telephone or in person in clinic. Please ensure you have indicated your preference on the previous page.

SMS Text Messages

There are a number of risks associated with corresponding with patients by text message. However, the Trust is committed to improving communication with patients in a manner which supports their continued care. Therefore, the Trust has a legal duty to inform patients of the risks associated with communicating health care information via this method.

- Sensitive or personal information could be intercepted by family members, friends, or others who have access to your phone, or if your phone is provided by an employer, your employer may have access to these messages
- Information will not be encrypted or sent in a locked file format
- It is your responsibility to update Salisbury District Hospital with any changes to your contact information and to ensure the details you provide are correct

Please note that we will contact you based on the information and consent you have given. Failure to provide consent or correct details may mean that the sexual health service will be unable to contact you if you need treatment. Please sign and date below to confirm that you have read, understood and agree that the details above are correct and that we may communicate with you as specified.

SIGNATURE: …….. DATE: ……..

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