

Contraception and Sexual Health Clinic E-Triage form

Welcome to the clinic.

Please complete this form so that you can be offered an appointment to see the right health care professional appropriately.

Name: _____

*Date of birth: _____ Male/Female: _____

*Postcode: _____ Country of Birth: _____

*Mobile number: _____ Ethnic Origin: _____

*Email address: _____

(please tick as appropriate so that an appointment will be offered):

Reason	Tick
A. I don't have symptoms (a problem) but would like a check-up.	
B. I have symptoms and would like a check-up. Please tell us what they are: _____ _____	
C. I would like a HIV test	
D. I would like PEP (HIV post exposure prophylaxis)	
E. I would like the Contraception (eg emergency contraception, implant, coil).	
F. I have come for results / treatment / blood tests	
G. I could like to attend Gay men clinic	
Other: _____	

email form: whh-tr.InfoCash@nhs.net or fax 0208 442 6511/6811

To be completed by the doctor / nurse only:	
Action taken:	
Appointment offered:	<input type="checkbox"/>
Other: _____	Date: _____