Patient Registration Form

Clinic number _____

Sexual Health Dorset

Date of appointment		Clinic:

Your details

First name(s)	☐Mr ☐Mrs ☐Miss ☐Ms ☐Mx ☐Dr ☐Other
Surname	
What name would you prefer used when you are called from the waiting room?	
Any previous surnames?	
Date of birth:	
What is your gender?	☐ Male ☐ Female ☐ Other (describe) **Has this changed since birth?** ☐ No ☐ Yes
What is your sexuality?	☐ Heterosexual ☐ Lesbian woman ☐ Gay man ☐ Bisexual ☐ Pansexual ☐ Other
What is your marital status?	☐ Single ☐ Married ☐ Living with partner ☐ Divorced ☐ Separated ☐ Civil partnership ☐ Widowed
Are you hard of hearing or partially sighted?	☐ Hard of hearing ☐ Partially sighted

In which country were you born?				
What is your ethnic origin?	**White……**	☐ White British	☐ White Irish	☐ Other White
	Asian / Asian British…	☐ Indian ☐ Pakistani	☐ Bangladeshi	☐ Other Asian
	Black / Black British….	☐ Black Caribbean	☐ Black African	☐ Other Black
	Mixed ……...	☐ White/Asian ☐ White/Black Caribbean	☐ White/Black African	☐ Other Mixed
	Other ethnic group …..	☐ Chinese	☐ Other ethnic group	
What is your occupation?				
If you are a student, which school / college do you attend?				

Who is your GP?	
Which surgery do you attend?	
Can we tell your GP if necessary about any treatment you have received at this clinic? *Note: We will **not** pass on information to your GP without your consent, **unless** you are diagnosed with a serious infection that requires treatment, and we have been unable to contact you to arrange this.*	☐ Yes ☐ No
Do you wish to receive a copy of any letters sent to your GP or another specialist?	☐ Yes ☐ No

Home address		
Postcode		**Can we write to you at this address?** ☐ Yes ☐ No
Telephone number - Home		**Can we contact you on this number?** ☐ Yes ☐ No
- Mobile		**Can we contact you on this number?** ☐ Yes ☐ No

Do you have any disability or other problem we should be aware of?	☐ No ☐ Yes (please specify)		
When did you first try to make an appointment at this clinic?	☐ Today ☐ Less than 2 days ago	☐ Between 2 days and 1 week ago ☐ Between 1 and 2 weeks ago	☐ More than 2 weeks ago ☐ Appt was posted to me
Sexual health test results:	Test results will be sent to you by **text** message. If you do not have a mobile phone you will be asked to phone the clinic for results.		

Thank you for completing this CONFIDENTIAL form. Please sign & hand it back to the receptionist.

Signature _____ **Date** _____