

**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](mailto: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: _____