



<b>Date</b>		<b>Forename</b>		<b>Surname</b>	
<b>Gender</b>	Male Female Other	Are you transgender? <b>Y/N</b> <i>We ask this as it is relevant to your sexual healthcare.</i> <i>(NB. referral route: DLGBT+)</i>		<b>Date of Birth</b>	<b>Age</b>
<b>Sexuality</b>	Gay/Lesbian Bisexual Heterosexual Prefer not to say	<b>Ethnic Code</b> see overleaf		<b>High Risk Code/s</b> see overleaf	<b>Religion or belief</b>
<b>Address</b>				<b>Postcode</b>	<b>School</b>
<b>Mobile phone number</b>				Replacement for Lost Card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Disability ( this includes learning disabilities and difficulties)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If YES, please state nature of disability:</b>			

**If YES – are there any reasonable adjustments required to support access to our services?**  
PLEASE OUTLINE IN NOTES BELOW

**Fraser Competence Assessed:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This young person:

- understands the advice that is being given
- cannot be persuaded to inform or seek support from their parents
- is likely to begin or to continue to have sex with or without advice/ treatment
- the young person’s physical or mental health unless they receive advice/ treatment
- it is in this young person’s best interests to give advice/ treatment

RISK ASSESSMENT:		INTERVENTIONS:
Sexually Active Y / N	Age of 1 <sup>st</sup> Sex _____	Confidentiality discussed: Y / N
Regular Partner Y / N	Age of Partner _____	Condom Teach: Y / N C-card issued: Y / N
Gender of Partner _____	No of Previous Partners _____	No. of Condoms: _____ Lube: _____ Dams: _____
Happy in relationship? Y / N	Any allergies, inc. latex allergy Y / N _____	Chlamydia Screen offered: Y / N
Condoms used: Every time / Sometimes / Never	Other contraception _____	Contraception Discussed: Y / N
Pregnant: Y / N/ Not applicable	YP goes missing from home or care Y / N _____	Emergency Contraception Discussed: Y / N
Any non-consensual sex? Y / N	_____	Advice/Leaflet Given Y / N _____
_____	_____	Referrals made: _____
Any domestic violence? Y / N	Smoking (no./ day) _____	_____
_____	Drink Alcohol? Y / N How much? _____	_____
Any sexting? Y / N	_____	_____
_____	Recreational Drugs?	_____
Mixing with older adults (5 year age gap) _____	_____	_____
_____	_____	_____

**Risk Assessment. Completed by:**

Name..... Job Title.....

Signature..... Date.....



### Profiling Ethnic Monitoring Categories:

These categories have been derived from the Office of National Statistics (ONS) and the Commission for Racial Equality (CRE).

This information is used to define the practice population using the C-Card scheme and to reduce inequalities.

READ CODE	SPECIFIC DESCRIPTION
<b>WHITE</b>	
9S10	White, British
9S11	White, Irish
9S12	Other White ethnic group
<b>MIXED</b>	
9SB5	White & Black Caribbean
9SB6	White & Black African
9SB2	White & Asian
<b>ASIAN OR BRITISH ASIAN</b>	
9S6	Indian
9S7	Pakistani
9S8	Bangladeshi
9SH	Any other Asian background
<b>BLACK OR BLACK BRITISH</b>	
9S2	Black Caribbean
9S3	Black African
9SG	Any other Black background
<b>OTHER ETHNIC GROUPS</b>	
9S9	Chinese
9SJ	Any other ethnic group

### Higher Risk Categories

The scheme will identify and focus on additional high risk groups as defined below:

- A** Living in or leaving public care
- B** Referred into mental health/drug services
- C** At risk of offending
- D** A teenage parent
- E** From a minority ethnic group
- F** Has a learning disability
- G** Excluded from school
- H** Homeless/in temporary accommodation
- I** LGBT  
(Lesbian, Gay, Bisexual, Transgender)
- J** NEET (Not in Education, Employment or Training)
- K** Live in hard to reach areas (e.g. Rural)
- L** Live in ward/district with high incidence of teenage pregnancy
- X** None of the above