NHS Grampian

Date:

NAME

Please answer questions on both sides.
If you are unsure or have problems answering, the doctor or nurse will go over it with you.

1

D.O.B

How would you describe your Gender? State below	**What are your preferred pronouns?** State below

	YES	NO	N/A	DETAILS
Have you ever had any of the following? DVT (clot in leg/lung), sexually transmitted infection, migraine, heart disease, stroke, cancer.				
Has your mother/father/brother/sister had any of the following? DVT (clot in leg/lung), heart disease, stroke, breast cancer.				
Are you taking any medicines?				
Are you allergic to any medicines?				
Do you smoke or vape?				
Do you use a method of contraception?				
Have you had sex without contraception, (eg the pill or condoms) since your last period?				
Have you ever been pregnant?				
When did you last have a cervical 'smear'?				
What date did your last period begin?				
QUESTION	**YES**	**NO**	**N/A**	**DETAILS**
Have you ever had an HIV test? If yes, when most recently?				
Have you ever donated blood? If yes, when most recently?				
Have you ever knowingly had sexual contact with someone who has HIV or viral hepatitis?				
Have you ever had sexual contact with someone who is from outside the UK?				
Have you ever taken recreational drugs?				
Have you ever injected drugs, including steroids?				
Have you ever had sexual contact with someone who has injected drugs?				
Have you ever had contact with the sex industry?				
Have you ever been sexually assaulted or abused?				
Have you ever experienced physical or emotional abuse by a partner, or genital cutting or mutilation?				
Have you had sexual contact with anyone <u>new</u> in the last 3 months? If yes, how often did you use a condom?				
If not, have you had sexual contact with anyone new in the last 12 months? If yes, how often did you use a condom?				
Who have you ever had sexual contact with? Please tick	Men ☐	Women ☐	Men & Women ☐	

PLEASE TURN OVER

2 **Which of the following best describes your ethnicity?**

White - Scottish	□	Black African	□	Asian - Indian	□
White - Other British	□	Black Caribbean	□	Asian - Pakistani	□
White - Irish	□	Black British/Scottish	□	Asian - Bangladeshi	□
White - Other	□	Black Other	□	Asian - Chinese	□
				Asian - Other	□
Mixed	□				
Other	□				

3 **Alcohol can sometimes contribute to sexual health problems. So please answer the following questions and add up your FAST (Fast alcohol screening test) score. Thanks.**

Note: 1 unit* = ½ pint of mid-strength beer or = 1 small (125ml) glass of wine or = single spirit.

QUESTION	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
How often do you have **SIX** or more units* on one occasion?					
How often, during the last year, have you been unable to remember what happened the night before because you had been drinking?					
How often, during the last year, have you failed to do what was normally expected of you because of drink?					

QUESTION	No 0	Yes, on one occasion 2	Yes, on more than one occasion 4
In the last year has a relative or friend, or a doctor or health-worker been concerned about your drinking or suggested you cut down?			

Your score= ☐

If you have scored less than three you are probably drinking within safe limits.
If you have scored three or more we would like to have a brief chat with you to see if we can help you think about reducing your drinking.

Thank You

PLEASE TURN OVER