

Section B: Attendance Status 1

1. Did patient/nurse telephone within 7 days 1 = yes
(Cross out whichever is not applicable) 2 = no

If NO continue to Question 2

If YES continue to Section C Question 1

2. Research Health Adviser Telephone to Patient

a. Attempt 1

Telephone number(s)	Date	Time

- Contact made 1 = yes
 2 = no

If yes continue to Section C Question 1

If no continue to Question 2b

b. Attempt 2

Telephone number(s)	Date	Time

- Contact made 1 = yes
 2 = no

If yes continue to Section C Question 1

If no continue to Question 2c

c. Attempt 3

Telephone number(s)	Date	Time

- Contact made 1 = yes
 2 = no

If yes continue to Section C Question 3a

If no – no further contact return CRF and this form to Bristol Study centre

Section E: Appointment Details of Patient

1a. Date of appointment / /
 d d m m y y y y

1b. Time appointment began (use 24hr clock) :

1c. Time appointment ended (use 24hr clock) :

1d. Was patient a Walk In 1 = yes
2 = no

2. Did patient attend with Study Form 1 = yes
2 = no

3. Contact details given by patient 1 = yes
2 = no

4. Number of contact slips issued

5. Offer of appointment to see clinic Doctor for STI screen.

Enter number

- 1 = Accepted – seen same day
 2 = Accepted – appt. made, pt attended
 3 = Accepted – appt. made pt. did not attend
 4 = Accepted – cancelled re-book pt. attended
 5 = Accepted – cancelled re-book pt. did not attend
 6 = Declined

Section F: STI Consultation for Patients

1. Date of examination

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d		m	m		y	y	y	y

2. Clinic attended

1 = Whittall Street
2 = Milne Centre

3. Tests taken.

Test	Taken =1 Not taken =2
a. Urine- First catch	
b. Urine- MSU	
c. Urethral swab	
d. Vaginal swab	
e. Endo-cervical swab	
f. Vulvo-vaginal swab	
g. High Vaginal swab	
h. Throat swab	
i. Rectal swab	
j. Herpes culture	
k. Cervical cytology	
l. Blood- HIV	
m. " STS	
n. " Hep B	
o. " Hep C	
p. " Chlam. Ab.	

4. Other diagnosis/
services offered

Diagnosis/ service offered	1=Yes 2=No
a. Genital Wart Treatment	
b. Contraceptive advice	
c. Emergency contraception	
d. Condom provision	
e. Advice/ counselling	
f. Pregnancy testing	
g. Referral to other dept./ agency.	
h. Hepatitis B vaccination.	
i. Treatment given (please specify)	

5. Enter KC60 code(s)

5a. Provisional diagnosis

(i) (ii) (iii) (iv)

5b. Final diagnosis

(i) (ii) (iii) (v)