Dialogue

* Date
* Confidentiality discussed and understood
* Age
* Gender (birth)
* Gender (identity)
* Ethnicity

Header: Contact Telephone Number

*“*

* Landline Telephone Number
  + Permission to Call
  + Permission to Voicemail
* Mobile Telephone Number
  + Permission to Call
  + Permission to SMS
  + Permission to Voicemail
* Notes on contacting the patient
* Is there an accompanying person
* Parent/guardian/other aware of attendance at clinic
* Was the young person seen alone at any time in

Section: Education

* Do you attend school/ education other than school/pupil referral unit/ college/training/ employment?
  + Yes
    - Name of school/college/employer
  + No
* Do you attend regularly?
* Do you enjoy it?

Section: Family Relationships

* Who do you live with?
* How are things at home? Any history of violence in family?
* Do you feel like you can talk to someone at home about sex and relationships?
* Young carer:
* Looked after child:
* Homeless:
* Runaway, ever missing from home:
* Family bereavement:*”*
* *Window: Disability / Learning difficulties (Hyperlink) “Insert a ‘View Disabilities’ hyperlink, on click pop up window showing the Disability (CTRL-042) data group If possible show counter to inform users if there is information relating to disabilities before they have clicked the link.”*
* Learning or physical disability
* Are you involved with any other agencies or professionals such as social workers or mental health services?
* If so, would you be happy for us to contact them if we feel we need to?
* Notes:

Section: Relationships

* Are you having sexual contact with anyone?
  + No
    - Have you ever had sex?
      * Yes
        + When was the last time you did?
        + Age at first intercourse and other details?
      * No
  + Yes
    - Age at first intercourse and other details?
* How old is the person / people you are having sex with?
* Where did you meet the person / people you have sex with and how long have you been together?
* Where do you spend time together? Where do you have sex?*”*
* Do your friends like and know the person / people you have sex with (if you are involved with or having sex with anyone)?
* Are you happy with the person / people you’re going out with/the person / people you have sex with?
* How many people have you had sexual contact with in the past three months?
* How many people have you had sexual contact with in the past 12 months?

Section: Consent

* Have you ever been made to feel scared or uncomfortable by the person / people you have been having sexual contact with?
* Have you ever been made to do something sexual that you didn’t want to do, or been intimidated?
* Have you ever been involved in sending or receiving messages of a sexual nature?
* Does anyone have pictures of you of a sexual nature?
* Do you feel you could say no to sex?
* Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?
* Who else is or was there when you have sex (or any other form of sexual contact)?

Section: Sexual Health

* What contraception do you use?
* Do you use condoms
* Do you feel like you can talk to the person / people you have sex with about using condoms or other forms of contraception?
* Have you ever had an STI? Have you ever had an STI test?
* Have you had a previous pregnancy?
* Do you ever use drugs?
* Do you ever use alcohol?
* Do you often drink or take drugs before having sex?
* Do you suffer from feeling down/depression?
* Have you ever tried to hurt yourself or self-harm?
* Have you ever been involved in any gang activity (e.g. county lines)? (

Section: Fraser Guidelines

* Fraser required
  + Yes
    - The young person understands the health professional’s advice:
    - The young person is aware that the health professional cannot inform his/her parents that he/she is seeking sexual health advice without consent, nor persuade the young person to inform his/her parents:
    - The young person is very likely to begin having, or continue to have, intercourse with or without contraceptive/sexual health treatment:
    - Unless he/she receives contraceptive advice or treatment the young person’s physical or mental health, or both, are likely to suffer:
    - The young person’s best interests require the health professional to give contraceptive advice, treatment, or both without parental consent:
    - Fraser competent:
      * Yes
      * No

Section: Professional Analysis

Header: Is there evidence of any of these within their relationships?

* Coercion: (y/n)
* Overt aggression (physical or verbal): (y/n)
* Suspicion of sexual exploitation/grooming: (y/n)
* Sexual abuse: (y/n)
* Power imbalance: (y/n)
* Other vulnerabilities (please give details): (y/n)

Note: Young person under 13 must be seen by a Health Advisor and discussed with Duty Doctor. Outlying clinics should contact the Health Advisor and Duty Doctor by phone where not available onsite. *“This note / guidance needs to be configurable per customer.”*

* Do you have any concerns
  + Yes (y/n)
    - Nature of concerns (free text)
    - Case discussed with (free text)
    - Action taken (free text)
    - Outcome (free text)
    - Follow up arrangements (free text)
* Has the young person been informed of the decision to share information with colleagues/ school nurse/ child protection /social services