

## Evaluation of sexual health service follow up

Name of patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Sexual health clinic: \_\_\_\_\_

Staff member providing assistance: \_\_\_\_\_

Contact details of GP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of notification from PHU: \_\_\_\_\_

Date first attempt to contact GP: \_\_\_\_\_

Date contact with GP: \_\_\_\_\_

1. In your opinion, did the doctor require any assistance? Y/N

2. If yes, what advice was required?

Classification of disease and clinical management

Contact tracing

Advice for patient re avoiding transmission

3. Was the doctor aware of their role in instigating contact tracing? Y/N

4. Had the patient also been tested for HIV? Y/N

Other STIs? Y/N

Comments (optional):