

APPENDIX 1

Suggested Proforma for Medical Staff

<u>PATIENT UNDER 16 YEARS</u>		
Date	Patient No.	DOB/age:
Living arrangements: Home: Accommodated: Private: Other:	School/College: Attending: Y/N	Sexuality: Hetero: Homo: Bi: Unsure:
Contact details:	Age of 1st intercourse:	
No. of partners:	Age of current Partner:	
Length of current relationship:	Drug use:	
Past Mental Health Problems: Mental Health Services Involved: Y/N		
	Yes	No
1. Patient accompanied by an adult with parental responsibility?		
2. Parental consent obtained?		
3. Parental awareness of sexual activity?		
4. Parent(s) aware of clinic visit:		
5. Patient consenting to sexual intercourse?		
6. Patient ever had involuntary sexual intercourse?		
7. Child protection issues considered?		
8. Contraception discussed?		
9. Health adviser notified?		
10. Follow up attendance arranged?		
In my opinion, this patient is sufficiently mature to give consent to examination and treatment and to understand advice given to them.		
Clinician:	Consultant:	Health Adviser: