**REGISTRATION FORM** Line number:

**WRITE CLEARLY.**

**You can use our clinic until you turn 25 (if you are born in 1998 or later).**

Birth date and Norwegian social security number:

Name :

Address:

Postal Code. City:

Phone number: City district (bydel):

Have you been to Sex og samfunn before? YES  NO

I want: Self-test for gonorrhea and chlamydia  Appointment

|  |  |
| --- | --- |
| **Have you had unprotected sex with a new partner the last 14 days?** | YES □ NO □ |
| **Have you had unprotected anal sex (been the recipient part)?** | YES □ NO □ |
| **Have you had unprotected sex with:** |  |
| Men having sex with men? | YES □ NO □ |
| People that have traded, sold, or bought sex during  the last year? | YES □ NO □ |
| People who use drugs in injectable form? | YES □ NO □ |
| People living in or having sex outside of Norway?  (**except** Scandinavia, Western Europe, Canada,  Australia and New Zealand) | YES □ NO □  Which country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Treatment**  Have you received treatment for chlamydia in the last 5 weeks? | YES □ NO □ |

**FILL IN THE** BACK IF YOU WANT TO SPEAK TO A DOCTOR OR NURSE.

**HOW CAN WE HELP YOU?**

**I have tested positive on:**  Chlamydia  Gonorrhea

Taken test on  Sex og samfunn  Somewhere else. Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any symptoms?**

**No symptoms**

**Rash, blisters, wound:** Where:

**Pain:** Where:

**Sexual problems:**

**Discharge:**

**Other issues:**

**Tests:**   Self-test  Blood sample  Throat swab

**Contraception:**

Prescription for contraception  Other questions about contraception

Other:

**Pregnancy test** First day of last menstruation: \_ (You can take a urine sample while you wait. Ask in the reception)

**Information about abortion**

**Other:**

See your test results here: furstpasient.no (log in with bank ID)

Call us for an appointment with a nurse if your test is positive.

Tel. 22 99 39 00

We will call within 10 days if your test is positive if we have not heard from you.