Services Attendance Record

Service/Drop-in name/Location: **Month/year:** **Seen by:**

Date	Age	Gender (male/female/other)	First / Repeat Visit	Buddying some else	Sexual health/Relationship	Condoms (13+)	Contraception advice/signposting	Postal testing kit	Pregnancy test	Alcohol advice/support	Drugs advice/support	Smoking Advice/Support	Mental health advice/support	Follow up/signposting/other

Please return completed records (scan or post) at end of month, to **Healthy Respect Service Coordinator, Chalmers Sexual Health Centre, 2A Chalmers Street, EH3 9ES** or email: **loth.healthyrespect@nhs.scot**