

Registration form

Please complete all sections below

Date:

Gender

Primary substance

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> Cocaine/Crack | <input type="checkbox"/> Stimulant | <input type="checkbox"/> PED |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Heroin plus cocaine | |
| <input type="checkbox"/> Legal high | <input type="checkbox"/> Ketamine | |
| <input type="checkbox"/> Hallucinogenics | <input type="checkbox"/> Other | |

Initials

Date of birth

Primary injection site

- | | | | |
|-------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Arm | <input type="checkbox"/> Leg | <input type="checkbox"/> Hand | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Groin | <input type="checkbox"/> Muscle | <input type="checkbox"/> Multi |

CIN

Currently engaged with treatment services

Y/N

Postcode

Previous Hepatitis B test

Y/N

Ethnicity

Previous Hepatitis C test

Y/N

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