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| **Endocrinology Chaperone Documentation** |
|   | **Yes** |  |  | **No** |
| Formal chaperone offered:  |   | accepted |   |   |
|   |  | declined |   |   |
|   |  |  |  |   |
| Informal chaperone offered:  |   | accepted |   |   |
|   |  | declined |   |   |
|   |  |  |  |   |
| Patient consent for intimate examination/pubertal assessment:  |   |  |  |   |
|   |  |  |  |   |
| Parent/Carer consent for intimate examination/pubertal assessment  |   |  |  |   |
|   |  |  |  |   |
| Chaperone present for examination |   |  |  |   |
|   |  |  |  |   |
| Person present outside curtain\* |   |  |  |   |
|   |  |  |  |   |
| Formal Chaperone Name:  |   |
| *Role ie. Nurse/HCA/Dr* |   |
|   |  |  |  |   |
| Informal Chaperone Name:  |   |
| *Relation to patient* |   |
|   |  |  |  |   |
| *\*nb. This is not technically "chaperoning", but this may be all the patient will permit- please consider whether examination is in the best interest of the patient if this is the case and document* |
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