|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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* | | | | |
|  |