



## REQUEST FOR CHOICE AND CONTROL IN CERVICAL SCREENING/SEXUAL HEALTH TESTING

*Please complete and hand this form to the receptionist before your appointment*

### TO THE DOCTOR or NURSE

Thank you for taking the time to read this letter before seeing this patient and for respecting their identity and procedure choices.

This patient may have a history of traumatic and/or negative experiences with previous cervical screening or other testing. They have identified it is important to them that in order to increase their sense of safety that you provide Trauma-Informed Care to allow them to exercise their choices and have a sense of control during any procedure.

It is important to be aware of the name, gender identity and pronouns to use when addressing and discussing your patient, regardless of how they are registered with Medicare.

### PATIENT DETAILS (PATIENT TO COMPLETE)

Name as it appears on Medicare card: \_\_\_\_\_

Chosen/preferred name: \_\_\_\_\_

I identify as:

- male    female    non-binary/gender fluid    other: \_\_\_\_\_

Preferred pronouns:

- she/her/hers    he/him/his    they/them/their    other: \_\_\_\_\_

Please use only the following language to talk about my anatomy:

\_\_\_\_\_

### I request (tick all that apply):

- Self-insertion of the speculum (relevant to cervical screening)
- Smallest speculum (relevant to cervical screening)
- Presence of friend / family member / partner

Continued ...

- To sit up a little rather than lying down for the test
- Clinician to stand slightly to the side of the exam table (not at the end)
- Safe word to stop procedure entirely \_\_\_\_\_
- A quiet space afterwards
- A detailed description of what you are doing during the test
- A minimal description only of what you are doing during the test (e.g. notify when starting and finishing)
- Only minimal, respectful questions about previous testing experiences
- Not to be asked about details of previous testing experiences (apart from clinical requirements, e.g. results and date. Please note if you had an abnormal result, it's important that the GP knows about it).

Date of your last Pap/Cervical Screening test: \_\_\_\_\_

The result was: \_\_\_\_\_

Any other requests:

*Need more information?*

Further information about Complex Trauma and Trauma Informed Care for patients and health professionals can be found at: <https://www.blueknot.org.au/Resources/Fact-Sheets>