|  |  |
| --- | --- |
| **Date of referral**  | **NHS No**  |
| **First Name**  | **Surname**  | **DOB** | **Gender** |
| **Patient Address**  |
|  | **Postcode**  |
| **Patient Telephone No**  |
| **Patient GP** |
| **GP Address**  |
|  | **Postcode**  |
|  |
| **Permission to communicate must be ticked: Letter [ ]    Telephone [ ]    Text [ ]**   |

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| **GP/practice nurse email**  | **Interpreter needed:**[ ]  | **Language** |

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| --- | --- | --- |
| **REASON FOR REFERRAL** *(tick all that apply):* | **ROUTINE CONTRACEPTION** **[ ]**  | **STI TESTING / OTHER GENITAL PROBLEMS** **[ ]**  |
| **COMPLEX CONTRACEPTION [ ]**  | **PSYCHOSEXUAL SERVICES [ ]**  |
| **OTHER [ ]**  |  |

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| **Summary of Problem** |
|       |
| **Action taken at your service:** |
|       |
| **Complete as appropriate:** Gynaecology, Obstetric, Mental Health issues, Medical & Surgical History**:** |
|       |
| **Disability No / Yes:** (Please specify) |
|       |
| **Other relevant information:** |
|       |

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| **Ethnicity –** Please inform patient for monitoring purposes only |
| **WHITE**  | **MIXED** | **ASIAN OR ASIAN BRITISH** | **BLACK OR BLACK BRITISH** | **OTHER ETHNIC GROUPS** |
| BRITISH  | **[ ]**  | WHITE & BLACK | **[ ]**  | INDIAN | **[ ]**  | CARIBBEAN | **[ ]**  | CHINESE | **[ ]**  |
| IRISH  | **[ ]**  | WHITE & CARIBBEAN | **[ ]**  | PAKISTANI | **[ ]**  | AFRICAN | **[ ]**  | OTHER GROUP | **[ ]**  |
| OTHER WHITE | **[ ]**  | WHITE & AFRICAN | **[ ]**  | BANGLADESHI | **[ ]**  | OTHER BLACK | **[ ]**  |  |
|  | WHITE & ASIAN | **[ ]**  |  |  |  |
|  | OTHER MIXED | **[ ]**  |  |  |  |

|  |  |
| --- | --- |
| **Signed:** | **Print name:**  |
| **Designation:**  |

Umbrella Sexual Health, Whittall Street, B4 6DH. Telephone: 0121 237 5700