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

|  |  |  |
| --- | --- | --- |
| **GP/practice nurse email** | **Interpreter needed:** | **Language** |

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

|  |
| --- |
| **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:** |
|  |

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