



Sexual Health Warwickshire Referral Form

Telephone: 0300 123 66 44 Website <http://www.sexualhealthwarwickshire.nhs.uk/index.php>

Nuneaton: geh.ishs.nuneaton@nhs.net Stratford: geh.ishs.stratford@nhs.net

Rugby: uhc-tr.geh.ishs.rugby@nhs.net

Sexual Health Warwickshire is a **Confidential Service**; we therefore need to seek the patient's consent to liaise with you regarding their attendance with us.

(Once you have discussed each issue with the Patient/Service user, Please tick statements below)

- This referral has been discussed and verbal consent has been given by the patient/service user.
- You consider the service user to have capacity to give informed consent.
- You have explained that the information on this form will be securely stored by Sexual Health Warwickshire either in paper format or on a secure database.

Reason for Referral

Contraception Sexual Health Contraception and Sexual Health

Further Information

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Patient/Service Users Details

Name:..... Date of Birth:.....

Address:.....

Postcode: Mobile/Telephone No.....

Patient's Preferred method of contact: Letter Phone call Text

Any known medical conditions?.....

Currently on any medication?.....

Any known allergies?.....

Any other agencies or health care professionals involved with the Patient/Service user?

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Details of Referrer

Date referral made:.....

Name of Referrer and Organisation:.....

Address and Postcode:.....

Landline telephone number:..... Mobile telephone number:.....

Position Held:..... Print name:..... Signature:.....

Office Use:

Date referral received:..... Print name:..... Signature:.....