Sexual Health Referral Process

Please note- clients requesting urgent help - emergency contraception, PEPSE, suspected first outbreak of HSV, post sexual assault screening or new HIV diagnosis can call our Single Point of Access on 0300 300 2016 for further advice or to book an appointment.

We recommend that GPs also use this number to arrange a specialist HIV appointment to be given to patients at time of diagnosis.

For urgent SARC referrals (assault within the forensic window) please call the SARC team on 0300 123 6616.

Appointments can be booked online by clients at

www.letstalkabout it.nhs.uk

Not all services are available at all sites

**Referrers Details**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address/Postcode |  |
| Telephone Number |  |
| Email Address |  |
| Date of referral |  |

**Client details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Gender at Birth |  |
| Gender Identity |  |
| Sexual Orientation |  |
| Safe Contact Phone Number |  |
| Client Email Address |  |
| Preferred Method of Contact (phone/email/letter/text) |  |
| GP Name and Address |  |
| Consent for Referral (yes/no) |  |
| Any Accessible Information Needs |  |
| Other Agencies Involved |  |

**Which service are you referring into?**

**Psychosexual Counselling** **Service**- brief psychological-based sex therapy interventions to help address sexual problems experienced by individuals and couples over 16 years of age. (A maximum of 6 sessions of therapy following an initial assessment process. **Complete Section A**

**Outreach Nursing service**- at risk clients who are unable to attend clinics with a view to facilitating their eventual attendance at clinic.

**Complete Section B**

**Sexual Health Promotion Team**- Provide 1:1 support/motivational interviewing for individuals engaged in risky sexual behaviours and therefore at increased risk of unplanned pregnancy, sexual exploitation or sexually transmitted infections including blood borne viruses. Clients must be prepared to engage with a behaviour change programme. **Complete Section C**

**Complex GUM or Sexual and Reproductive Health** - For insertion / removal of difficult coils, difficult / deep implant removals, ultrasound for complex contraception, not responding to STI treatment, persistent symptoms, syphilis diagnosis.

**Complete Section D**

**HIV Services -** new HIV diagnosis or transfer of HIV Care into area, HIV care queries. **Complete Section E**

**Sexual Assault Referral Centre-** non urgent referrals (outside the forensic window)

**Complete Section F**

**Section A (Psychosexual Counselling Service only)**

|  |
| --- |
| Reason for referral-Please be as specific as possible and include details of the problem/ social circumstances, and a relevant medical history-including details of current medication, tests taken and results |
|  |

**Section B (Outreach Nursing Service Only)**

|  |  |
| --- | --- |
| Post termination , contraception follow up Under 19 |  |
| Midwife referral , contraception follow up post-delivery under 19 |  |
| Contraceptive and Sexual Health care for a vulnerable client who is unable to attend mainstream services |  |

|  |
| --- |
| Reason for referral- please be as specific as possible. Why is this client vulnerable and unable to attend clinic? What are their contraceptive and sexual health needs? Are there any safety issues around lone working with this client? |
|  |

**­­­­­­­­­­­­­­­­­**

**Section C (Sexual Health Promotion Team Only)**

Sexual Health Risk Factors – tick those that apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Multiple Sexual Partners |  |  | Repeat STI diagnosis |  |
| Unprotected Intercourse |  |  | HIV Positive |  |
| At Risk of Sexual Exploitation |  |  | At risk of HIV and other STIs |  |
| At risk of Pregnancy (U18) |  |  | Exploring Sexuality |  |
| Not Using Contraception Effectively |  |  | Exploring Gender Identity |  |

Other Risk Factors- tick those that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sexual Risk Taking |  | Suicidal Thoughts |  | Violence |  |
| Relationships |  | Mental Health |  | Drugs/Chemsex |  |
| Domestic Violence |  | Self -Harm |  | Alcohol |  |

|  |
| --- |
| Reason for referral –please be as specific as possible |
|  |

**Section D** **(Complex GUM or Sexual and Reproductive Health Service Only)**

Please tick those that apply

|  |  |
| --- | --- |
| Lost IUCD threads |  |
| Pain/bleeding with IUCD in situ |  |
| Pain/bleeding on any other form of contraception |  |
| Difficult IUCD removal |  |
| Difficult IUCD insertion |  |
| Deep/difficult implant removals |  |
| Complex contraception |  |
| Not responding to STI treatment /persistent symptoms |  |
| Syphilis diagnosis |  |
|  |  |
|  |  |

|  |
| --- |
| Reason for referral-please be specific as possible and include a relevant medical history-including details of current medication. **Please note, Sexual Health Services are not commissioned to provide contraception as a method of period control**. |
|  |

**Section E (Specialist HIV Service Only)**

|  |  |
| --- | --- |
| **New diagnosis** |  |
| Date of diagnosis |  |
| Patient aware |  |
| Can we contact the patient directly using details given above? |  |

|  |  |
| --- | --- |
| **Transfer of Care** |  |
| Date of diagnosis (if known) |  |
| Date of transfer |  |
| Current medication |  |
| Latest viral load and cd4 counts |  |
| Can we contact the patient directly using details given above? |  |

|  |
| --- |
| **All other HIV queries or relevant information–please be as specific as possible** |
|  |

**Section F (Sexual Assault Referral Centre-non urgent)**

|  |  |
| --- | --- |
| Date of alleged assault |  |
| Police aware? |  |
| Safeguarding issues considered and reported? |  |

|  |
| --- |
| **Please give as much other information as you can.** |
|  |

|  |
| --- |
| **Any other Information (All referrals)** |
|  |

**Please email all referrals to** [**Snhs.sexualhealthreferral@nhs.net**](mailto:Snhs.sexualhealthreferral@nhs.net)