**A group of colorful circles with white letters

AI-generated content may be incorrect.**

**Referral form for professionals working with**

**children/adults identified as vulnerable**

Once form is completed please email to: - [LLRHealthAdvisingTeam@mpft.nhs.uk](mailto:LLRHealthAdvisingTeam@mpft.nhs.uk)

We will respond to you as soon as possible to arrange an appointment.

Referrers Name: …………………………………….…………………… Job Title: ………………………………..……………………….

Tel. No: ……………………….…………….…….. Email: ………………………………………………………………….………………………

Organisation: ………………………………………………………………… Date of referral: …………………………..……………..

***PLEASE COMPLETE ALL BOXES TO ASSIST IN A SMOOTH REFERRAL PATHWAY***

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Forename/s:** | **Patient Surname:** | **Date of Birth:** | **Ethnicity:** |
| **Country of birth:** | **Patient’s telephone Number:**  **Mobile: Landline :**  Consent to call 🞏 Text 🞏 Leave voice message 🞏  Consent to referral 🞏  Consent to appointment outcome\* (see below) shared with referrer? 🞏 | | |
| **Gender at birth:**  Male / Female / Unknown  **Gender Identity:**  Male (inc trans man)  Female (inc trans woman)  Non-binary |
| **Patient’s full Address:** | | **GP details if known:**  **Permission to contact GP? Y/N** | |
| **Reason for appointment:**  Symptoms STI screen Contraception/contraceptive advice  Other:  Details of vulnerability we may need to be aware of :  **Name and Contact details of Social Worker/Key worker if appropriate**: | | | |
| **\*Appointment Outcome via email:**  **Consent from patient to provide appointment outcome with referrer? See above Y/N**  Attended appointment 🞏 Services supplied 🞏 Medication prescribed/supplied 🞏  Patient was not brought to appointment 🞏 | | | |

**For office use only.**

LEICESTER SEXUAL HEALTH SUMMARY OF MANAGEMENT FOR VULNERABLE REFERRALS RECEIVED

Received from HA email account by ……………………………………….

Date Received:-

Inform Number:-

HAA Acknowledgement email response:-

Form scanned into Inform EPR record:-

Date printed and put into Safeguard tray:-

Referral acknowledged by (Staff Name):-

Date acknowledged:-

Referral from :- (CCC, CSE, LD team, Social Workers, Police, Other…..please state)

Outcome shared with referrer:-

Form rescanned into Inform EPR (with outcome details shared):-

Forward management to:-