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**Referral form for professionals working with**

**children/adults identified as vulnerable**

Once form is completed please email to: - 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 adviceOther: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:-