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**Referral form for Specialist Sexual Health Outreach**

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| **Agency/Contact details of the referrer** |
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| --- | --- | --- | --- |
| **Patient details** | | | |
| Name |  | Contact no |  |
| Address |  | Date of birth | ……/……./……. |
|  |  | Age | ………….. |
| Postcode |  | Ethnicity |  |

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| Social worker details (if appropriate) : |

**Brief description of person’s circumstances** including current health needs, vulnerabilities/ages of children if any/status with CSC ie CP/pre-proceedings/LAC/care leaver/CIN

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| **When was client informed of the referral?** |
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| **Names of other professionals involved with the family**, including GP and School |
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| What is the best way to make initial contact? |
|  |
| Are there any known risks to staff? If yes what are they and how can they be managed? |
|  |

***Please highlight relevant referral criteria listed below and send to***

***rbb-tr.sexualhealth.outreach@nhs.net***

**Priority Group for over 18 women (please highlight)**

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| --- | --- |
| ***Priority Group*** | ***Definition*** |
| *1* | *Women who have already had a child or children removed from their care* |
| *2* | *Women identified by CSC as being at high risk of losing a child from their care* |
| *3* | *Women referred from ‘at risk’ group who are pregnant or at risk of an unwanted pregnancy (eg, those with substance misuse issues/ mental health issues/ learning disabilities/living with domestic violence/ on probation/ complex social needs, etc. or vulnerable young people requiring sexual health advice who are open to CSC)* |
| *4* | *Preventative referrals where there is lower risk* |

**Priority groups for others (please highlight the relevant boxes)**

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| --- | --- | --- | --- | --- | --- |
| CIN/CP | CSE | CIC/Care leaver | Not in main education | YOT | Young parent |
| Children removed from care | Substance misuse | Mental health | Learning disabilities | Supported lodgings/homeless | Asylum/refugee/migrants |
| Sex work | Sexual assault/DV | Risky sexual behaviour | Other vulnerable groups |  | |