**Sent or e-mail to:**

Val Clark

Medical Secretary

Tayside Sexual & Reproductive Health Service

Ninewells Hospital

South Block, Level 7

Dundee DD1 9SY

Telephone: 01382 42 55 33

E-mail: val.clark@nhs.net

**Dundee Council/ Third Sector Fast Track Referral Letter to Tayside Sexual & Reproductive Health Service (TSRHS) for non-urgent Sexual & Reproductive Health appointments for vulnerable clients**

*We aim to arrange an appointment for your client within 10 working days after receiving your letter.*

*Please call us or ask your client to call one of our triage nurses at the TSRHS Central Line (01382 42 55 42;*

*Mo- Fri 9:00AM- 12:00PM) to arrange a more urgent appointment (for example for emergency contraception, acute STI symptoms etc.) if necessary.*

**Client details**

First and last name:

CHI number (if available):

Address:

Landline number:

Mobile number:

Any additional requirements (interpreter etc.):

***Please delete below any mode of communication the client is NOT consenting to:***

* The patient is consenting to be contacted by Tayside Sexual & Reproductive Health Service (TSRHS) by letter/ phone call (landline)/ phone call (mobile).

Date:

Dear Sexual & Reproductive Health Service team,

Please arrange contraceptive counselling in one of your clinics for this client who is at risk of pregnancy and unable to find an acceptable and suitable contraceptive method.

Problems with contraceptive methods (side effects, method failure, complications):

Additional relevant information (please tick which applicable and give details):

* Repeat termination(s) and/or unplanned pregnancies:
* Child(ren) in care:
* Learning disability:
* Gender- based violence:
* Drug misuse:
* Alcohol misuse:
* Mental health problems:
* Homelessness:
* Complex medical history, drug interactions or contraindications to contraception:
* Other:

Any other comment:

Other agencies involved:

Kind regards,

Referring project or support worker (name):

Referring project or support worker (signature):

Job title:

Referring organisation/agency/ service:

Contact number:

E-mail:

**Additional information:**

We happy to acknowledge the receipt of your referral and share the details of the appointment time and location made if  required. Any support to help the client to attend her appointment is very much appreciated. Nonetheless, we will not be able to keep you informed if the client attended or not. Additionally, due to the confidential nature of a medical consultation, support workers usually not invited into a consultation or informed about the outcome of the consultation. Many thanks in advance for your understanding!