**Access to Tayside’s Community Sexual and Reproductive Health Service**

*Anyone who wishes to discuss their sexual wellbeing can call triage on 01382 425542 and talk to a nurse. This is Monday to Friday 9am-12pm.*

* Through our website you can find resources and also order a self taken home test and book an implant insertion for contraception, [www.sexualhealthtayside.co.uk](http://www.sexualhealthtayside.co.uk)
* Referral to the wider service through the 3rd party referral form or referral to the community based nursing team (CSRH). Referral also attached.

Depending on the vulnerabilities of the individual they may require specialist considerations. Please refer to the community based team who can adapt to the needs of the patient. This can be done by filling the attached referral form and sending it to tay.communitysrh@nhs.scot Advice can also be sought through the same email address or alternatively advice/ appointments and support can be given by calling 07483319594. We aim to answer all enquires within 72hrs.

The CSRH team can also provide training and support. If this is a need that has been identified please contact by the above means and this can be arranged. Through education and development our aim is to improve access and timely care. We would encourage anyone who feels they could benefit from this to get in touch.

Many people in crisis may have unmet sexual health needs but these needs may not be a priority at the point of crisis. The CSRH can support with screening for STI’s and BBV’s, women’s health and smear tests, and contraception. We will work with people over time to help increase their overall sexual wellbeing.

Please see the attached the referral form into the service.

**Please send or e-mail to:**

tay.communitysrh@nhs.scot

FAO. Community Team

Tayside Sexual & Reproductive Health Service

Ninewells Hospital

South Block, Level 7

Dundee DD1 9SY

Telephone: 01382 425533

Community mobile; 07483319594

**Referral Letter to Tayside Community Sexual & Reproductive Health Service (TCSRH)**

**for non-urgent Sexual & Reproductive Health appointments for vulnerable clients**

*This form is to facilitate a referral of vulnerable individuals to Tayside Community Sexual & Reproductive Health.*

* + - * *The form can be used by local authority (Dundee City Council, Angus Council, Perth and Kinross Council), Police Scotland or third sector staff, and by health care professionals who do not have access to the usual electronic referral pathway (Trakcare/ SCI Gateway) into our service.*
* *We aim to arrange an appointment for your client within 10 working days after receiving your referral.*
* ***Please call us or ask your patient to call one of our triage nurses at the TSRHS Central Line (01382 425 542; Mon-Fri 9- 12) to arrange a more urgent appointment (for example for emergency contraception, acute STI symptoms, following a sexual assault etc.) if necessary.***

**Patient details**

First name: Last name:

Date of birth: CHI number (if available):

Address:

Contact Number: GP:

Any additional requirements (interpreter etc.):

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

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

***Information sharing:***

The patient is consenting that her appointment details can be shared with the referrer to support her attendance, if requested.

Date of Referral:

Please give a brief outline of the needs of your client/ requirement for TCSRH services;

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

**Alcohol and/or drug misuse:**

**Commercial sexual exploitation:**

**Complex medical history, drug interactions or contraindications to contraception:**

**Gender-based violence:**

**Homelessness:**

**Learning disability:**

**Mental health problems:**

**Repeat termination(s) and/or unplanned pregnancies:**

**Other:**

**Other agencies involved:**

Kind regards,

**Referring project or support worker or health care professional (name):**

**Referring project or support worker or health care professional (signature):**

**Job title:**

**Referring organisation/agency/ service:**

**Contact number:**

**E-mail:**

**Additional information:**

We are happy to acknowledge the receipt of your referral if requested. Any support to help the patient to answer their telephone appointment or to attend a face-to-face appointment is very much appreciated. We can share their appointment details, at request, if the patient consented. Due to the confidential nature of a medical consultation, support workers are usually not invited to join a face-to-face consultation or informed about the outcome of the consultation. Many thanks in advance for your understanding!