## Havering Local Authority inter practise referral form: Long Acting Reversible Contraception (IUD/IUS, Implant)

## Please refer to the LARC Quality Standards originally sent with the LARC Contract

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| **Referrer Details** | |
| **Referring GP:** |  |
| **Practice Name:** |  |
| **Practice Address:** |  |
| **Telephone Number:** |  |
| **Fax Number:** |  |
| **Email Address:** |  |
| **Practice National Code:** |  |

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| |  |  | | --- | --- | | **Patient Details** | | | **Patient Name:** |  | | **Date of Birth:** |  | | **Address:** |  | | **Telephone:** |  | | **Mobile Phone:** |  | | **Email:** |  | | **NHS Number:** |  | | **Gender:** |  | | **Ethnicity:** |  |   **Diagnosis / Reason for referral and LARC Procedure requested:**  **Please indicate if a USS has been done and include result.**    **STI or HIV risk? Please circle & clarify Yes No** |
| **Reason for Referral including any relevant medical history** |
| **Clinical details and relevant medical history, including any investigations performed and results: Please give details of any specific LARC to be used.**  **Please continue overleaf as necessary** |
| **Allergies and Medications** |
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| **To be completed by clinician carrying out the procedure.**  **WHEN REFERRING VISIT IS COMPLETE, PLEASE FAX/SCAN/EMAIL a COPY BACK TO ORIGINATING PRACTICE – Referrer details are above** |
| **Patient was seen on: or did not attend (DNA)** |
| **Please enter outcome and any follow up requirements, with other relevant information for the referring practice? Patient records (e.g. method type, batch number, expiry):** |

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| **Practices below that have agreed to receive Interpractice**  **referrals for this scheme** |
| **Dr Jegede - Billet Lane Surgery F82675 ( Central) (accepts within practice area only)** [**HAVCCG.billetlanemedicalpractice@nhs.net**](mailto:HAVCCG.billetlanemedicalpractice@nhs.net) |
| **Dr Koak - Central Park Surgery F82016 (North) (accepts within practice area only)**  [**By fax 01708 332839**](mailto:HAVCCG.NSMC@nhs.n) |
| **Drs. Sura/Holland/Qadir - North Street Medical Care F82009 (Marshalls)**  **(accepts from all areas)** [**HAVCCG.NSMC@NHS.NET**](mailto:HAVCCG.NSMC@nhs.net) |
| **Dr Deshpande - Wood Lane (F82028) (South) accepts from all areas**  [**By fax 01708 470875**](mailto:HAVCCG.NSMC@nhs.n) **or** [**HAVCCG.WLMC@nhs.net**](mailto:HAVCCG.WLMC@nhs.net) |

***If you have any queries regarding this form, please contact, Deborah.redknapp@havering.gov.uk***

**It is a mandatory requirement that you enclose your patient encounter report/Medical History from practice your clinical system**

**Exclusion Criteria. Please note referral for the below conditions are not accepted & may delay appropriate patient care.**

**Active vaginal, cervical or pelvic infection including STI**

**Haematuria**

**Heavy Bleeding above age of 45 yrs (patient requires scan and hysteroscopy to exclude endometrial pathology)**

**PMB after Tamoxifen**

**Patients with a complex gynaecological history who need to be safely assessed and treated in a secondary care setting**

**Persistent intermenstrual bleeding**

**Pelvic Mass**

**Persistent postcoital bleeding**

**Postmenopausal bleeding,**

**Pregnancy**

**Refer as per Fast Track 2WW guidelines**

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| **Please use this space for additional information as necessary** |