## 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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **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** |
|  |
| **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):** |

|  |
| --- |
| **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** |
| **Dr Koak - Central Park Surgery F82016 (North) (accepts within practice area only)** **By fax 01708 332839** |
| **Drs. Sura/Holland/Qadir - North Street Medical Care F82009 (Marshalls)****(accepts from all areas)** **HAVCCG.NSMC@NHS.NET** |
| **Dr Deshpande - Wood Lane (F82028) (South) accepts from all areas** **By fax 01708 470875** **or** **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**

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