



Be Informed.
Be Safe.
Be In Control.

**Long Acting Reversible Contraceptive (LARC) Referral Letter
into Unity Sexual Health from Primary Care**

Patient Details			Referrer Details	
Name	_____		Referrer Name	_____
Address	_____ _____		Practice Name	_____
Date Of Birth	_____		Practice Address	_____ _____
Contact Number	_____		Contact Number	_____
Contact Permissions	Phone	Yes / No	Contact Email	_____
	Text	Yes / No		
	Leave Message	Yes / No		

Please note that due to funding restrictions we are **unable to insert IUS for gynaecological reasons alone** e.g. postmenopausal endometrial protection or heavy menstrual bleeding in a woman who has been sterilised - these patients require gynaecology referral.

Dear colleague, Referral Date _____
Following a discussion on contraception choices with this patient we are pleased that she has chosen to have a long acting reversible contraceptive fitted:

IUD IUS Implant

Unfortunately we are unable to initiate the method on this occasion due to the following reason:

A) We are not signed up to a Local Authority contract with Public Health to deliver the above LARC method

B) We are contracted to deliver the above LARC method, but there are no professionals currently available trained in this method and my local authority commissioner has been informed¹

C) We are contracted to deliver the above LARC method, but patient prefers to be seen at Unity due to a previous difficult fit

D) Failed removal² or insertion (please provide further details below)

Details _____

² all lost thread referrals for removal must have an ultrasound report included from the last 6 months confirming that the IUS/IUD is in situ. For complex implant removals please state whether the implant was palpable.

E) Medical concerns (please provide any other relevant details below)

Details _____

