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

Primary Care / Unity Partner Organisation

**PLEASE COMPLETE ALL SECTIONS TO ENSURE THE REFERRAL IS NOT REJECTED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | | | **Referrer Details** |
| Name: Click or tap here to enter text.  Preferred name (if different from above) Click or tap here to enter text.  Preferred pronouns: Click or tap here to enter text.  Address: Click or tap here to enter text.  Postcode: Click or tap here to enter text.  Date of Birth: Click or tap here to enter text.  NHS Number: Click or tap here to enter text.  Contact no.(mobile): Click or tap here to enter text.  Contact no. (home): Click or tap here to enter text.  E-mail address: Click or tap here to enter text. | | | Referral Date (DD/MM/YYYY): Click or tap to enter a date.  Referrer name: Click or tap here to enter text.  Contact number:Click or tap here to enter text.  Email: Click or tap here to enter text.  Practice Name: Click or tap here to enter text.  Practice address: Click or tap here to enter text.  Post Code: Click or tap here to enter text.  **Routine**  **Urgent**  If urgent, please specify reason:  Urgent LARC removal for medical reasons  Urgent pregnancy prevention needed due to medical treatment  Please give details:  Click or tap here to enter text. |
| **Contact Permissions** Phone  Voicemail  By Post  E-mail | Yes  Yes  Yes  Yes | No  No  No  No |

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

**Reason for referral – put an “X” in all that apply:**

ADVICE AND GUIDANCE ONLY

Copper intrauterine device (IUD) insertion (no hormones)

Levonorgestrel intrauterine system (IUS) insertion (contains hormones)

IUD / IUS removal

IUD / IUS removal - lost threads

Implant insertion

Implant removal Implant palpable  Yes  No

Deep implant removal Implant palpable  Yes  No

What date was the current device fitted? DD/MM/YY Click or tap to enter a date. (if applicable)

Device brand name (if patient currently has a coil in situ, i.e. Mirena/Levosert/Kyleena): Click or tap here to enter text.

The patient’s current contraception or bridging contraception method provided today is (please specify):

Click or tap here to enter text.

**Additional information (including detail of failed insertion/ removal if applicable) :**

* **All lost thread referrals for removal/refit MUST have an ultrasound report included from the last 6 months confirming that the IUS/IUD is in situ. This must be sent as an attachment, not cited within the referral.**

Click here to enter text.

Which of the following LARC criteria does this referral fulfil? **Please put an “X” in all that apply:**

|  |  |
| --- | --- |
| 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 informed |  |
| 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 removal or insertion |  |
| E) Medical concerns |  |

**Please highlight any information in the box below which may help with booking of appointment e.g. learning difficulties/complex medical history/ vulnerable patient/ requires language line or interpreter.**

Learning Difficulties Yes  No

Requires Interpreter Yes  No

Other Vulnerabilities Yes  No

Any other

communication needs Yes  No

Please give details (including language required for interpreter if applicable): Click or tap here to enter text.

Medical History and Medication List (please detail any medical history that may be relevant to a coil procedure if appropriate):

Click here to enter text.

**Please inform the patient that due to increasing demand, there is often a wait of several weeks for complex insertions and/or removals. They will be contacted by a NO CALLER ID number if we need to get in touch, so please ensure patients are aware of this.**

**N.B. It is UHBW Trust policy that if a patient cancels or refuses an appointment on two occasions, they will be returned to the care of their GP.**