**Sexual Health Outreach Referral Form**

**Referral criteria:**

The Outreach Service aims to provide sexual health testing for hard-to-reach groups in the community. *Please note, this service does not administer contraception or medication.*

The Outreach Service is only suitable for persons:

* aged 18 and over,
* who have **not** been in sexual contact with a person known to have an STI,
* who are **not** pregnant (females only),
* who have **not** been sexually assaulted
* who are asymptomatic (ie **not** displaying any symptoms that could be related to an STI)

By submitting this referral, you are agreeing to the above criteria.

If the patient does not fit the above criteria, an appointment can be made by calling **01623 672260**

If the referral is accepted, the Outreach Worker will arrange an appointment time.

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| **Patient’s name:** |  |
| **Patient’s DoB:** |  |
| **Address (or venue) where patient will be seen:** |  |
| **Brief description / reason for referral:** |  |
| **Referrer’s name:** |  |
| **Referrer’s organisation:** |  |
| **Referrer’s contact number:** |  |

**Please email the completed form to** **phil.eardley@nhs.net**

Sexual Health Outreach mobile: **07801 404987**