**Psychosexual Therapy Service Referral**

Please read the referral guidance [[here]](https://letstalkaboutit-nhs-prod.azurewebsites.net/media/aqefbqlf/psychosexual-therapy-referral-guidance.pdf) before completing this form.

Incomplete referrals create additional work for Psychosexual Therapy and Primary Care staff and increase waiting times.

Please complete all sections of this form.

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| **CLIENT INFORMATION** | | | | |
| **NHS Number:** | | | | |
| **Surname Name:** | **First Name:** | | | |
| **Preferred Name:** | **Pronouns:** | | | |
| **Date of Birth:** | **Sexual Orientation:** | | | |
| **Gender at Birth:** | **Gender Identity:** | | | |
| **Address:** | | | | |
| **Contact Number:** | | | | |
| **Email Address:** | | | | |
| **Permission to Contact:** | **Phone** | **Text** | **Voicemail** | **Letter** |
| **Any Accessible Information Needs:** | | | | |

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| Reason for Referral: |

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| Relevant Health History: |
| Tests/Investigations/Examinations/Weight, waist measurement & BMI: |
| Relevant Mental Health History: |
| Relevant Social History: |
| Medications: |
| Alcohol units per week: |
| Recreational drug use: |
| Other agencies involved: |
| Is the patient or their partner a member of the armed forces? (We will attempt to prioritise, appointments allowing). |

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| **REFERRER INFORMATION**- accessible by GP referral only | |
| **Referring Clinician:** | **GP Practice:** |
| **GP Address:** | |
| **Please provide a professional use number/ email or direct contact information for GP practice** | |
| **Contact Number:** | **Email Address:** |

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| Pease send this form to [Psychosexualtherapy@solent.nhs.uk](mailto:Psychosexualtherapy@solent.nhs.uk).  Emails from NHS.net to solent.nhs.uk addresses are secure. |
| **For further advice, please contact us on 0238 103 1217** |