SHARE
Lancashire
Psychosexual
Service
Blackpool/Lancashire
Sexual Health Services

NHS
Blackpool Teaching Hospitals
NHS Foundation Trust

PB Number:
Additional Triage Form: YES / NO

Office Use Only
Date of receipt

Locality

Referral Source

Presenting Issue

PSYCHOSEXUAL SERVICE - SHARE REFERRAL FORM

PLEASE COMPLETE IN FULL AND BOTH SIDES

Acorn PHCC, 421 Blackburn Rd, Accrington BB5 1RT Tel: 01253 958020
Mobile: 07538475987 email bfw-tr.shareblacklancs@nhs.net

Date of Referral: .....

Name of Referrer **(please print)**.....

Signature of Referrer: .....

(FULL) Address of Referrer: .....

.....Post Code.....Tel No.....

Registered GP details (if not referrer)

.....

.....

Does the patient/client give consent for SHARE to contact their GP? **YES / NO**

Patients Full Name: .....

Full Address: .....

.....

Post Code..... Tel No: .....

D.O.B: ..... NHS No.....

Risk – Any Contact Restrictions – please state

Ethnicity: (please circle) White British, White Other, Black-Caribbean, Black-African, Black-Other, Indian, Pakistani, Chinese, Bangladeshi, Other **(please state)** .....

PLEASE NOTE
REFERRALS ARE NOW ONLY RECEIVED DIRECTLY FROM GP'S, THE SEXUAL HEALTH SERVICE, SECONDARY CARE SERVICES ie Gynaecology, Urology, Endocrinology etc
ALL OTHER REFERRALS MUST BE BY GP ONLY
PTO TO COMPLETE AND SUBMIT THE FORM IF RELEVENT

If the patient has a partner:

1. Is the partner aware of the referral? Yes ☐ No ☐
2. Is the partner willing to attend with the patient? Yes ☐ No ☐

Is this patient a veteran? Yes ☐ No ☐

Reason for Referral
……..

……

Recent investigations/ **BLOOD TESTS** relevant to referral – **please give details and attach results:**
……

Previous treatment for this problem - please give details and outcome:

……

Medical/Surgical history……...

……

Does the patient have any disability/illness which may impact on their sexual function?

……

Medication**:**
……

For Gender Identity Referrals: Gender assigned at birth:

Preferred name and Salutation to be used on envelopes: ……

Information which needs to be flagged e.g RISK/CONTACT RESTRICTIONS etc.

……

IF EMAIL IS YOUR CHOSEN METHOD FOR CORRESPONDENCE-**THIS FORM MUST BE EMAILED IN IN THE FIRST INSTANCE.** SENSITIVE CORRESPONDENCE WILL BE PASSWORD PROTECTED**.**
IS EMAIL YOUR PREFERED CHOICE OF CORRESPONDENCE? YES / NO (Please delete)