

Sexual Health D&G

Nithbank, Dumfries DG1 2SD

Website: sexualhealthdg.co.uk Email: dg.sexual-health@nhs.scot

Enquiries & Appointments Telephone: 03457 02 36 87 All Calls Are Charged At Local Rates

Learning Disabilities Service Referral Form to Sexual Health D&G (SHD&G)

Date:

Date of Birth:

Patient Name:

CHI No:

Address:

Postcode:

Mobile:

Home Tel:

GP Details:	Can we contact the GP: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------	---

If it is considered appropriate for the patient to be contacted directly please complete all of the following

Mobile? Yes No Home Telephone No? Yes No Letter to home address? Yes No

If it is NOT considered appropriate to contact the patient directly please indicate who we should liaise with regarding this referral

Name..... Telephone Email

Reason for referral to SHD&G

.....

Past Medical History

Current Medication

Details of Learning Disability.....

Details of any relevant psychiatric history.....

Capacity to Consent

Advised to bring health passport Yes No

Will person be supported Yes No Name of Support Person.....

Referring Nurse / Doctor:

Name (Please Print):Tel Signature:

Has an appointment already been made with SHD&G? Yes No

If Yes (please complete) Town:Date:Time:

To make an appointment please call 01387 244616 between 9am-4pm Monday-Friday. When calling internally (E.g. CRH, DGRI & Nithbank) please call extension 34614

Sexual Health D&G

Nithbank, Dumfries DG1 2SD

Website: sexualhealthdg.co.uk Email: dg.sexual-health@nhs.scot

Enquiries & Appointments Telephone: **03457 02 36 87** All Calls Are Charged At Local Rates

PLEASE RETURN completed form to: **Sexual Health D&G, Nithbank, Dumfries** or dg.sexual-health@nhs.scot