

**Please send or e-mail to:**

Val Clark  
Medical Secretary  
Tayside Sexual & Reproductive Health Service  
Ninewells Hospital  
South Block, Level 7  
Dundee DD1 9SY  
Telephone: 01382 425533  
E-mail: tay.TSRH@nhs.scot

**Fast Track Referral Letter to Tayside Sexual & Reproductive Health Service (TSRHS)  
for non-urgent Sexual & Reproductive Health appointments for vulnerable clients at risk of pregnancy**

*This form is to facilitate a referral of vulnerable clients at risk of pregnancy to the Tayside Sexual & Reproductive Health Service for contraceptive counselling and/or provision of contraception.*

*The form can be used by local authority (Dundee City Council, Angus Council, Perth and Kinross Council) or third sector staff, and by health care professionals who do not have access to the usual electronic referral pathway (SCI Gateway) into our service.*

*We aim to arrange an appointment for your client within 10 working days after receiving your referral.*

***Please call us or ask your client to call one of our triage nurses at the TSRHS Central Line (01382 42 55 42; Mon- Fri 9- 12) to arrange a more urgent appointment (for example for emergency contraception, acute STI symptoms, following a sexual assault etc.) if necessary.***

**Client details**

First name:

Last name:

Date of birth:

CHI number (if available):

Address:

Mobile number:

Landline number:

GP:

Any additional requirements (interpreter etc.):

***Please delete below any mode of communication the client is NOT consenting to:***

- The client is consenting to be contacted by Tayside Sexual & Reproductive Health Service (TSRHS) phone call (mobile)/ phone call (landline)/ by letter.

Date:

Dear Sexual & Reproductive Health Service team,

Please arrange contraceptive counselling in one of your (telephone) clinics for this client who is at risk of pregnancy and unable to find an acceptable and suitable contraceptive method.

Problems with contraceptive methods (side effects, method failure, complications):

Additional relevant information (please tick which applicable and give details):

- Repeat termination(s) and/or unplanned pregnancies:
- Child(ren) in care:
- Learning disability:
- Gender- based violence:
- Drug misuse:
- Alcohol misuse:
- Mental health problems:
- Homelessness:
- Complex medical history, drug interactions or contraindications to contraception:
- Other:

Any other comment:

Other agencies involved:

Kind regards,

Referring project or support worker or health care professional (name):

Referring project or support worker or health care professional (signature):

Job title:

Referring organisation/agency/ service:

Contact number:

E-mail:

**Additional information:**

*We are happy to acknowledge the receipt of your referral. Any support to help the client to attend a face-to-face appointment is very much appreciated but should be initiated by her. We will not be able to keep you informed about the details of the appointment or if she answered the call and/or attended our service. Additionally, due to the confidential nature of a medical consultation, support workers are usually not invited to join a face-to-face consultation or informed about the outcome of the consultation. Many thanks in advance for your understanding!*

05.21