C:\Users\Justine.maher\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\168155FA.tmp

**The Bridge Service Barnet Referral Form**

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| **Person being referred:** | | | | |
| Name:  Date of birth:  Address:  Ethnicity:  Age:  Gender: (Please tick)  Male  Female Other  Contact Details:  Mobile:  Email:  Preferred method of contact  Phone call  SMS  Email | | | GP Details:  Name:  Surgery:  Address:  Phone Number: | |
| **Lives in/with:** | | | | |
| Independent/ Lives Alone | Family | | Supported Living | Residential Home |
| **Sexually Active**  Yes  No  Unknown | | | | |
| **Reason for Referral: (Tick all that apply)** | | | | |
| Urgent:  Disclosed Sexual Assault (Recent/ Historical)  Genital Symptoms | | Routine:  STI screening  Contraception  Advice  Other: Please specify | | |
| **Does the patient have capacity to participate fully in the appointment?**  Yes  No  **Preferred method of communication face to face (at appointment)**  Verbal  Written  Other  Please Specify- | | | | |
| **What is the level of learning disability?**  Mild  Moderate  Severe  Profound  Not Known | | | | |
| **Referrer’s Details** | | | | |
| Referred by:  Contact Number:  Email address:  Your relationship to the patient being referred:  Date of referral: | | | | |

Please send completed referral for The Bridge Service Barnet (Sexual Health-Edgware Community Hospital/Vale Drive Primary Care Centre) to: [Justine.maher@nhs.net](mailto:Justine.maher@nhs.net). Any concerns or would like to discuss patient prior to referral please call 07738 261 319.