

**Sexual Health Outreach Referral Form**

This form is for professionals to refer people into our service.

Please complete all fields and return this form via secure email to sexualhealth.teesside@nhs.net

**If you do not have an nhs.net or gov.uk email address, you MUST enter [SECURE] in the subject header of the email.**

If you would like to speak to a member of the team regarding your referral, please contact 0300 330 1122.

Patient details

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Last name |  |
| Gender |  | DOB  |  |
| Country of birth  |  | Ethnicity |  |
| Address  |  | School name/address |  |
| Contact number |  |  |
| Emergency contact name |  | Relationship to the person |  |
| Emergency contact number  |  | Is the emergency contact aware of the referral |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do we have permission to contact the person via the contact telephone number? | Yes |  | No |  | Only in an emergency  |  |
| Do we have permission to contact the emergency contact? | Yes |  | No |  | Only in an emergency |  |



Involvement from social care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the person known to social care? | Yes |  | No |  |
| Is there an open case with social services? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide more information |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the person have a social worker?  | Yes |  | No |  |  |

|  |  |
| --- | --- |
| Name of the designated social worker |  |
| Contact Number (if known) |  |



Involvement from other agencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the person involved with any other agencies? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide more information |  |



Vulnerabilities

Does the person display or discuss any of the following vulnerabilities? This may be current or historic. Please tick if appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coercion | Historic |  | Current |  |
| Grooming  | Perpetrator |  | Victim |  |
| Power imbalance in relationship | Historic  |  | Current  |  |
| Any type of violence or abuse  | Historic  |  | Current  |  |
| Self-harm | Historic  |  | Current |  |
| Being paid for sex | Yes |  | No |  |
| Paying for sex | Yes |  | No |  |
| Exploitation | Perpetrator  |  | Victim |  |
| LGBTQIA+ | Yes |  | No |  |



High-risk groups

Do you consider the person to be one or more of the high-risk groups?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug and alcohol issues | Yes |  | No |  |
| Mental health | Yes |  | No |  |
| Learning difficulties or disabilities | Yes |  | No |  |
| Missing from home | Yes |  | No |  |
| Looked after child | Yes |  | No |  |
| Refugee/Asylum seeker/ Unaccompanied child/ Newly arrived in the UK | Yes |  | No |  |



Referral information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the person have any significant issues? | Yes |  | No |  |
| Is the person subject to Deprivation of Liberty Safeguards (DoLS or Liberty Protection Safeguards (LPS)? | Yes |  | Yes |  |
| Does the person have an increased supervision ratio ie 2:1 ratio? | Yes |  | No |  |

What are your specific concerns regarding the person? *Your referral cannot be processed without completion of this question)*

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any known risk-taking behaviors? | Yes |  | No |  |

If yes, please provide more information *below:*

|  |  |
| --- | --- |
|  |  |



Referrer information

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name |  | Organisation |  |
| Email address |  | Telephone number |  |
| Date of referral |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you discussed your concerns with the person / service user? | Yes |  | No |  |
| Have you discussed the referral with the person / service user? | Yes |  | No |  |
| Has the person / service user consented to the referral and consents for their details to be held by Sexual Heath Teesside? | Yes |  | No |  |



What’s next?

Please return completed referral forms to*:* sexualhealth.teesside@nhs.net

* Referrals will be assessed and responded to within 5 working days.

