Pre-Exposure Prophylaxis (PrEP) Referral Letter into HCRG Care Group Integrated Sexual Health Service.

**Is the patient aware of this referral to HCRG for PrEP? YES/NO**

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| --- | --- |
| **Patient Details** | **Referrer/GP Details** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact** Phone [ ] Yes / [ ] No**Permissions**  SMS [ ] Yes / [ ] No  | Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practice address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* Inform the patient that if they are more than 10 minutes late for their appointment it may have to be rescheduled.
* Advise the patient not to bring children to this appointment.
* Is a language interpreter required?
* Additional support required for appointment (for example, disability access)

 Do you have ADHD, Autism, Dyslexia, Other, that may require a longer appointment?

Please complete this form as fully as possible. Patients will be contacted by the HCRG Care Group Team to arrange an appointment once the referral has been received and triaged.

Please scan and email this form to the service via cwac.shreferrals@hcrgcaregroup.com

Email subject header Body Positive PrEP referral - PLEASE DO NOT POST

N.B. It is policy that if a patient does not attend, cancels or refuses an appointment on two occasions, there will be no further follow up.