

**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 contactPhone 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. Any concerns or would like to discuss patient prior to referral please call 07738 261 319.