

HIV Clinical Nurse Specialist Referral Form



Referral date:

NHS Number:

Referred by:

Client consent to referral:

Address and Tel:

Reasons for referral:

Client details:

Surname:

First name:

Indicate below client prefers to be addressed

Preferred name:

Date of birth:

First Language:

Male / Female:

Interpreter needed:

Ethnicity:

Contact details:

Contact preferences:

Address:

Indicate below how client prefers to be contacted

Postcode:

By letter:

Tel (landline):

Mobile:

Tel (mobile):

Landline:

Email:

Voicemail OK?:

Email:

Provide details of any children living at home below

Name:	Date of Birth:	HIV status:	When & where tested:

Treatment Centre & GP information

Clinic number:

GP aware of diagnosis:

Clinic Doctor:

GP Name:

Name of centre / hospital:

Address:

Tel (landline):

Postcode:

Tel (mobile):

Tel:

Treatment & Medical History

Viral Load (at referral):

CD4 (at referral):

Diagnosis date:

Provide details of ARVs and other medications

Provide details of HIV and non HIV medical history

Indicate below any risk factors the CNS team need to be aware of prior to a home visit

Provide details below of any mental health issues

Other services:

Provide details other services the client is known to

Social Services:
Contact name & details:

CMHT:
Contact name & details:

HIV Counsellor/Psychologist:
Contact name & details:

Paeds CNS:
Contact name & details:

Positive East:
Contact name & details:

THT:
Contact name & details:

Provide details of other services below

Service name:
Contact name & details:

Service name:
Contact name & details:

PLEASE FAX TO:

Barking/Dagenham and Havering:	fax: 0208 924 6566	telephone: 0208 924 6257
Redbridge	fax: 0208 8224060	telephone: 0208 822 4051
Waltham Forest	fax: 0208 430 8211	telephone: 0208 430 8223
Newham	fax: 0208 586 5008	telephone: 0208 586 5008
City and Hackney	fax: 0207 683 4312	telephone: 0208 683 4300
Tower hamlets	fax: 0208 981 5110	telephone: 0208 223 8491/8072

Please see below for postcodes to advise which area to refer patients to

Barking and Dagenham= RM8, RM9, RM10, IG11

City and Hackney = part E2, part EC1, part N1, part N4, all of E5, E8, E9, N16.

Havering = RM1, RM2, RM3, RM4, RM5, RM7, RM11, RM12, RM13, RM14, RM15

Newham = E6, E7, part E15, part E12, E13, E16

Redbridge = IG1,IG2, IG3, IG4, IG5, IG6, IG7, IG8, part IG9, part E11, E12, E18, part RM6

Tower Hamlets = E1 part E2 E3 and E14

Waltham Forest = E4, E10, E11, E17 and part of E15