

##### Referral to Contraceptive Nurse for Vulnerable People

##### PRIVATE & CONFIDENTIAL

|  |
| --- |
| *Please complete and return to Tina Bolger, Contraceptive Nurse for Vulnerable People, Shrewsbury Road Health Centre,*  *Shrewsbury Rd, London E7 8QP. Tel. No. 020 85865249/Fax No. 020 8586 5008*.  *Mobile: 07983 330612* [*Christina.Bolger@eastlondon.nhs.uk*](mailto:Christina.Bolger@eastlondon.nhs.uk) |

|  |  |
| --- | --- |
| **PERSON MAKING REFERRAL** | |
| Name: | Date of referral: |
| Designation: |  |
| Organisation: | Tel. No.  Fax. No. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Has the client given permission for this referral? | | | Yes No  I was given your details from Tamara Howard from Shine. I am the new contraceptive nurse for vulnerable people in Newham. My role is to engage with people who have difficulties accessing services. I would be very interested in meeting up to see what support I can offer your service.  Best wishes,  Tina | | | |
| Can we contact client by:- | Letter |  | Phone |  | Leave a message |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT DETAILS** | | | | | |
| Name: | | | DOB: | | |
| Current Address: | | | Gender: | | |
| Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Ethnicity: | | |
| Is understanding of English language skills adequate to participate in assessment?  Please state spoken language:-  Is interpreter required? | | | Yes | No | |
|  | | |
| Yes | | No |
| Does the client have special needs? | Yes | No | Details of any special needs: | | |

Clients name: DOB:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for Referral:** | | | | |
| **Risk Assessment** | | | | | |
| **1** | Are there concerns re violence, domestic/gender-based/other. If yes, please give more details below.  Have there been any incidents of aggression or violence towards staff? This includes verbal and physical altercations. If yes, please give more details below. | YES | NO | Don’t know | |
| **2** | Is there a known history of involvement with the police which may impact on staff visiting in the home? If yes, please give more details below. | YES | NO | Don’t know | |
| **3** | Is there a history of mental health problems? If yes, please give more details below. | YES | NO | Don’t know | |
| **4** | Are there known or suspected substance or alcohol misuse problems? If yes, please give more details below. | YES | NO | Don’t know | |
| **5** | Are dogs present in household? If yes, please describe control measures. | YES | NO | Don’t know | |
| **Any other information** | | | | | |