

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

##### PRIVATE & CONFIDENTIAL

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| *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* |

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

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| Has the client given permission for this referral? | Yes NoI 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 |  |

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| **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:

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| **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** |