

### Non-Clinical Sexual Health Referral Form

<b>Support Required (Highlight as appropriate) :</b> <b>HIV SUPPORT / SEX WORKERS SUPPORT / LGBTQ+ GROUP SUPPORT</b> <b>Referral Service:</b>			
Name of person referring:		Date of referral:	
Email of person referring:		Contact Number:	
Confidentiality and information sharing discussion explained		Yes / No	
<b>Client Details</b>			
Surname		Forename	
Date of Birth		AGE	
<b>Which of the following options best describes how you think of yourself?</b>  <b>Gender Identity (tick/Highlight)</b> Woman (including trans woman) Man (including trans man) Nonbinary In another way Not stated (person asked but declined to provide a response) Not known (not recorded)			
<b>Trans Status (tick/Highlight) – Is your gender identity the same as you were given at birth?</b>  Yes No Not stated (person asked but declined to provide a response) Not known (not recorded)			
Address:			
Post Code:		Contact Number:	
Email:			
We require 2 methods of contact. <b>Please delete</b> any methods of contact that the client <b>does not</b> agree to.		Letter to home address, Phone Call, Voicemail Left, Text Message, Email.	

GP Name:

GP Address:

Postcode:

Telephone Number:

**Primary reason (s) for contacting the service:** (Overview of what help the individual is looking for and what they hope to gain from service support)

Priority Risk Check List	X
Pregnant	
Safeguarding Concerns	
Domestic Violence	
Substance Misuse problem	
Mental health conditions/symptoms	
Physical health conditions/ symptoms	
Risk of self harm or suicidal thoughts	
Threat to others	
Offending behaviour	
Learning Difficulties	
Other: Please specify	

**Please expand on any risk identified above:**

**Consent statement** (to be signed by individual)

I understand that these details will be passed on to Renaissance UK for a more detailed assessment to be offered. I am aware that I have requested this referral to be made. Anonymous details will be used to monitor service levels and quality.

**Client Signature:**

**Referrers Signature:**

**Date:**

*Send this completed form to the case working team at [HIVRef@Ren-UK.com](mailto:HIVRef@Ren-UK.com)*

**Renaissance UK**

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