

LSL Clinical Sexual & Reproductive Health Referral Form

Lambeth, Southwark, Lewisham



Referrals can also be made via phone or email:

Service number: **0207 800 2000**

Email: **TPLSL@turning-point.co.uk**

Provided by



This service is a dedicated sexual and reproductive health clinical outreach program supporting marginalised adults across the London boroughs of **Lambeth, Southwark, and Lewisham**.

We specialise in providing inclusive, non-judgmental care for individuals who may face barriers to accessing mainstream services.

If you would like to discuss our services or your specific needs, please call our service number **07568 700 879** directly. Alternatively, you can email our team for confidential advice **LSLclinical@turning-point.co.uk** directly.

We aim to respond to all referrals and enquiries within 48 hours.

'This service priorities access for people who experience barriers to sexual health care'

Please indicate if the service user identifies with any of the following groups (tick all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Sex Worker | <input type="checkbox"/> Person whose life is impacted by challenging mental health |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> Asylum seeker / Refugee |
| <input type="checkbox"/> Rough sleeper / experiencing homelessness | <input type="checkbox"/> Vulnerable women (including escaping from Domestic Abuse) |
| <input type="checkbox"/> Transgender / gender-diverse person | <input type="checkbox"/> Other marginalised groups |
| <input type="checkbox"/> Person with a learning disability | |

Service User Contact Details

First Name:

Surname:

Date of Birth:

Service Users Address:

Please state if no fixed abode or in unstable accommodation

Postcode:

Telephone Number:

Email address:

Interpreter Needed:

Yes/No

If yes, what in what language(s)

Primary reason for referral (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> STI testing / screening | <input type="checkbox"/> Cervical screening support (advice only) |
| <input type="checkbox"/> Contraception advice or provision | <input type="checkbox"/> Menopause / hormonal support (advice only) |
| <input type="checkbox"/> Emergency contraception | <input type="checkbox"/> Sexual wellbeing advice |
| <input type="checkbox"/> Pregnancy testing / advice | <input type="checkbox"/> Safeguarding concern related to sexual health |
| <input type="checkbox"/> HIV testing | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Blood Borne Virus testing / vaccination (e.g. Hep B) | |
| <input type="checkbox"/> PrEP & PEP | |
| <input type="checkbox"/> Sexual health symptoms | |

Urgency of referral: Routine or Urgent

Please explain why

Does the service user require support to understand and consent to sexual health care? If yes, what support is required?

Are there any known safeguarding concerns or known to another service for safeguarding support?

Preferred appointment type / location:

Any known risks or considerations for outreach visits?

(e.g. dogs, substance use at address, safety concerns, safeguarding issues)

Referrers Detail (If self, provide information about how service user found the service e.g. another service or friends and family):

Referral Agency:

Referrers Name:

How did you hear about us:

If the service user has a Learning Disability, is a professional able to attend the appointments:

Referring Agency's Address:

Postcode:

Telephone:

Email address:

Privacy and Confidentiality

The information provided will be held by Turning Point and used to provide the support you need and access to services. The information you provide may be shared with other Turning Point Staff members who have a professional involvement with you. Turning Point is required to provide specific information for audit, monitoring, research and service planning with both local and central government organizations, any personal information is limited to your initials, date of birth, gender and first part of your postcode. Your information will not be used for any other reason or passed on to a third party without your permission other than when required to do so under government legislation or legal mandate for the purpose of inspection or review. Your records are held by Turning Point in line with our record retention policies. They will not be held longer than necessary and will be destroyed at the end of this period. Details and further information are available on request. You may change or withdraw your agreement at any time by informing your worker or a manager and this may affect the type of service you receive however will not prevent you from getting support.

By sending a referral you must have gained consent from the service user to understand why personal information will be collected, stored and shared. The service user must also understand some information will be shared with local commissioning bodies, and Public Health England.