

Appendix 6

Notification To Local Sexual Health Service To Arrange Follow Up For Under 18 Year Old Patients And Vulnerable Adults After Supply Of EHC

This form is not suitable for urgent referrals of patients for the insertion of an EC IUD), oral EC but unsuitable for treatment via PGD or for the treatment of patients with symptomatic STIs. Please call your local Sexual Health Service to arrange any urgent appointment instead.

CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality note: This message is intended only for the use of the patient or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

Sexual Health Service (name):	
Address	
The following patient has been supplied with oral EC today:	
Patient name	
Date of birth/CHI	
Patient address	
Postcode	
Mobile number	
Landline number	
Any additional requirements (Interpreter etc.):	
GP name	
GP practice address	

- The client is consenting to be contacted by the Sexual Health Service phone call/text (mobile)/ phone call (landline)/ by letter.

Please delete any mode of communication the patient is NOT consenting to.

Please arrange a follow up appointment for this patient at your clinic for:

- pregnancy testing
- contraceptive counselling
- contraception supply
- STI screening or testing
- other (please specify):

Additional relevant information (please tick which applicable and give details):

- Repeat unplanned pregnancies:
- Child(ren) in care:
- Learning disability:
- Gender-based violence:
- Drug misuse:
- Alcohol misuse:
- Mental health problems:
- Homelessness:
- Complex medical history, drug interactions or contraindications to contraception:
- Other:

Any other comment:

Other agencies involved:

Patient consent:

I give my permission to allow my healthcare provider to pass, to my local Sexual Health Service, details of this consultation and to arrange follow up within their service.

Patient signature	Date

This form should be sent (in paper form or electronically) to your local Sexual Health Service and a copy retained. Please discuss with your local Sexual Health Service about the quickest and safest way to do this.

Referring health care professional (name):

Referring health care professional (signature):

Job title:

Referring organisation/agency/ service:

Contact number:

E-mail:

Additional Information about confidentiality to patients requesting EC between 13 and 15:

“If you're between 13 to 15, you have the same rights to confidentiality as an adult and your health care provider won't tell your parents, or anyone else, as long as they believe that you fully understand the information and decisions involved. They'll encourage you to consider telling your parents or carers, but they won't make you.

Even if the health care provider feels that you're not able of making a decision yourself, the consultation will still be confidential. They won't tell anyone that you saw them, or anything about what you said.

The only time a health care provider might want to tell someone else is if they believe there is a risk to your safety or welfare, such as abuse, or to the safety of someone else. The risk would need to be serious, and they would usually discuss this with you first”.