 

REFERRAL & PATHWAY FOR **EMERGENCY CONTRACEPTION**

TO SHSCT CONTRACEPTION SERVICE

Please forward this referral to [contraception@southerntrust.hscni.net](mailto:contraception@southerntrust.hscni.net).

**CLIENT DETAILS**

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| **Date of Referral: Date last seen at your service/Organisation:** |
| **Name:** |
| **DOB:** |
| **HCN (if available):** |
| **Address:** |
| **Email:** |
| **Mobile No:** |
| **Interpreter required: YES/NO Language:** |
| **GP Name:** |
| **GP Address** |

**REFERRER DETAILS**

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| --- |
| **Name:** |
| **Service/Organisation:** |
| **Contact Telephone Number:** |
| **Address:** |

**REFERER TO COMPLETE fo f**

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| **Date and time of unprotected sex/risk/contraceptive failure:** |
| **Date of last menstrual period LMP:** |
| **Other episodes of unprotected sex/risk/contraceptive failure since LMP:** |
| **Breast feeding?** |
| ***EMERGENCY CIUD*** |
| **\*Does the client wish to access CIUD as emergency contraception: YES/NO (if yes please ensure the following questions are completed in full)** |
| **\*\*Details of oral emergency contraception given prior to referral (include name of drug, date given and details of person giving drug)** |
| **Recent pregnancy/delivery/positive pregnancy test:** |
| **History of surgical/gynaecological conditions:** |
| **History of sexually transmitted infections:** |
| **Please include any other details you think maybe useful:** |
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**PATHWAY FOR SERVICES/ORGANISATIONS REFERRING TO SHSCT CONTRACEPTION SERVICE FOR EMERGENCY CIUD**

**PATIENT /CLIENT UPSI/RISK/CONTRACEPTION FAILURE AND IS SUITABLE/ CONSENTS TO EMERGENCY CIUD**

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**OFFER ORAL EMERGENCY CONTRACEPTION AS PER FSRH GUIDELINES\***

**COMPLETE ATTACHED REFERRAL AND EMAIL TO**

[contraception@southerntrust.hscni.net](mailto:contraception@southerntrust.hscni.net)

**(EMAILS RECEIVED AFTER 1PM WILL BE TRIAGED THE FOLLOWING WORKING DAY)**

**ADVISE PATIENT/CLIENT THEY WILL BE CONTACTED BY TELEPHONE AND COULD BE ASKED TO ATTEND AN APPOINTMENT IN PORTADOWN, NEWRY OR ARMAGH**

**\* “If a woman is referred on for copper intrauterine device, oral EC should be given at the time of referral in case a CU-IUD cannot be inserted or the woman changes her mind” (FSRH, March 2017)**