



**Referral Letter into SWISH Complex LARC clinic**

Please make sure you complete all sections. Please e-mail your referral form to**Swish@somersetft.nhs.uk**

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| --- | --- |
| **Patient Details** | **Referrers Details** |
| Name: | Name: |
| Date of birth: | Practice: |
| Address: | Practice Address: |
| Postcode: | Postcode: |
| Mobile number: | Contact number: |
| Home number: |  |
| NHS number: | Email: |

**Please indicate your reason for referral:**

Complex IUC insertion or removal*- Please complete sections A and C*

Complex subdermal implant removal*- Please complete sections B and C*

**Section A: Complex IUC Procedure**

Please note for all absent threads an ultrasound scan report within the last 6 months to confirm that IUC is still in situ MUST be included in the referral.

**Complex IUC procedure –** *insertion or removal, IUC type/expiry, comorbidities e.g. cardiac history, Hypertension and epilepsy or seizures.*

Please give details:

**Section B: Sub-dermal Implant Removal**

Please tick as appropriate:

Fully Palpable Partially Palpable Impalpable

Right arm left arm

Fitted by: Date fitted:

**Section C:**

**1. Current contraception or bridging method**

Please give details:

**2. Other relevant information:** Please complete below.

Medical history: Learning Difficulties Yes No

 Requires Translator Yes No

 If yes specify:

 Other Vulnerabilities: Please give details

Medications:

Allergies: