**Antenatal/Sexual Health Referral**

**Referral completed by:**

Name:

Job title:

Contact details:

Date referred via secure email:



Wiltshire Sexual Health Service

Telephone Reception: 01722 425120

Secure Email: [shc-tr.Sexualhealth@nhs.net](mailto:shc-tr.Sexualhealth@nhs.net)

Website: [www.wiltshiresexualhealth.co.uk](http://www.wiltshiresexualhealth.co.uk)

Name of patient: DOB:

Address: Tel Number:

Postcode:

Week of pregnancy at time of referral:

EDD:

Previous Pregnancies: G P

Name of partner/father:

Telephone Number for partner/father if available:

Any safeguarding concerns? Yes No

If Yes, what concerns do you have?...

email:

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

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**If any previous pregnancies?**

Were they cared for at SDH/in Wiltshire? Yes No

When?............................................................................................................................

Was this infection known of during last pregnancy?

**Reason for referral to Sexual Health:**

Positive antenatal screening result (please circle) - HIV Syphilis Other……….

Was patient already aware of this result/infection? Yes No

Have you made patient aware that sexual health will be calling her to discuss the result? Yes No