# C:\Users\christine.campbell\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\UTMFLBXZ\bSHaW WHITE BCKGRD LEFT (2).JPGEmergency IUD referral form

**Patient details:**

|  |  |
| --- | --- |
| **Full name:** Click or tap here to enter text. | **DOB:** Click or tap to enter a date. |
| **Address:** Click or tap here to enter text. | **Mobile number:** Click or tap here to enter text. |
| Click or tap here to enter text. | **Home number:** Click or tap here to enter text. |
| **Postcode:** Click or tap here to enter text. |  |

**Clinical assessment:**

|  |
| --- |
| Date and time of most recent UPSI: Click or tap here to enter text.  Hours since UPSI: Click or tap here to enter text.  Any other UPSI this cycle? Yes  No  If yes, please give details: Click or tap here to enter text.  Previous emergency contraception this cycle? Yes  No  If yes, please give details: Click or tap here to enter text.  Date of LMP: Click or tap here to enter text. Was this period normal? : Yes  No  Current day of this cycle: Click or tap here to enter text. Shortest menstrual cycle length: Click or tap here to enter text.  Date of earliest predicted ovulation (shortest cycle length in days minus 14 days): Click or tap here to enter text.  **NB: \*UPSI – unprotected sexual intercourse \*LMP – 1st day of last menstrual period** |
| **Please offer oral emergency contraception (EC) as not all patients referred for an emergency IUD will have one inserted:**  Please tick if the patient has been provided with oral EC:  **They should take this ASAP (we cannot guarantee IUD insertion):**  **Levonorgestrel 1.5mg  Levonorgestrel 3mg  Ulipristal acetate (EllaOne)  none** |
| **Emergency IUD:**  Insertion up to 120 hours after earliest episode of UPSI  **OR**  Insertion up to 5/7 after earliest expected date of ovulation  **Latest possible date of emergency IUD insertion:** Click or tap here to enter text. |

**Referrer details:**

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Telephone number:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | **Date of referral:** Click or tap to enter a date. |
| Click or tap here to enter text. | **GP practice:** Click or tap here to enter text. |

Patients will be contacted by the bSHaW team to arrange an appointment once the referral has been received.

**PLEASE ADVISE PATIENT TO ENSURE THAT THEIR PHONE WILL ACCEPT CALLS FROM AN ‘UNKNOWN NUMBER’**

Please email the completed referral form from your nhs.net email account to **buc-tr.bhtbshaw@nhs.net**