CATHAYS SURGERY

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Referral Form for Long Acting Reversible Contraception (LARCS) Procedures

Please complete this form and post, fax or deliver it to the address above.
Cathays Surgery will contact patients directly to arrange an appointment.

Patient details			
Name:		Date of Birth:	
Address:			
Phone:		Email:	

Patient's GP	
Practice name:	
Practice address:	

Reason for referral		
Contraceptive Implant		
☐ - Insertion	☐ - Removal	☐ - Change (removal and insertion) This can usually be done in one appointment

Medical Questionnaire			
Past/Present medical history health conditions and/or procedures			
Current medication(s)			
Any known allergies			
Previous pregnancies		Type of delivery	
Any other relevant information			
Do you have any disabilities?	Yes / No	If yes, please state:	
Do you need an interpeter?	Yes / No	If yes, which language:	

Consent			
How would you prefer us to contact you?	☐ - Letter	☐ - Email	☐ - Text
	☐ - Telephone	If you miss our call, can we leave a voicemail message? Yes / No	
Do you consent to us contacting your GP for further information?			Yes / No
Do you consent to the sharing of your personal information between practices?			Yes / No
Patient Name (In print)			Date: _____
Patient Signature			

If this form is being completed and submitted by patient's registered GP, please give the name and job title of the person completeing the form: _____