**Psychosexual Counselling Service Referral (GP Referral Only)**

The Psychosexual Therapy Service offers brief psychological-based sex therapy interventions to help address sexual problems experienced by individuals over 16 years of age.

The short-term model of therapy we offer is delivered by an IPM accredited therapist. We provide a maximum of 6 sessions of therapy following an initial assessment. Our service is inclusive, and we recognise and work with gender, sexual and relationship diversity.

Please complete all relevant sections of the referral form and email to the relevant borough email.

**Subject Header** – **Psychosexual referral**

**hcrg.vcl.orbish@nhs.net**

As a psychological based service, it is essential that, if appropriate, investigations/tests/ examinations are undertaken prior to referral and that detailed results are included at the time of referral. Please consult our referral guidance.

 Please complete the form below and confirm the following **before** submitting a referral:

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| **REFERRER INFORMATION**- this service is accessible by GP referral only |
| **Referring Clinician:**  | **GP Practice:**  |
| **GP Address:** |
| **Please provide a professional use number/ email or direct contact information for GP practice**  |
| **Contact Number:** | **Email Address:**  |

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| **CLIENT INFORMATION** |
| **Surname Name:** | **First Name:** |
| **Preferred Name:** | **Pronouns:** |
| **Date of Birth:** | **Sexual Orientation:** |
| **Gender at Birth:** | **Gender Identity:** |
| **Address:** |
| **Contact Number:** |
| **Email Address:** |
| **Permission to Contact:** | **Phone** | **Text** | **Voicemail** | **Email** | **Letter** |
| **Any Accessible Information Needs:** |

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| Reason for Referral (please specify sexual difficulty as per referral criteria):  |

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| Relevant Health History: |
| Tests/Investigations/ Examinations: (Please consult our referral guidelines) |
| Relevant Mental Health History: |
| Relevant Social History:  |
| Medications: |
| Other agencies involved:  |