

### REFERRAL FORM

Calderdale Sexual Health Services, Broad Street Plaza, 51 Northgate, Halifax, HX1 1UB Tel: 01422 261370  
Please return using a secure email to [SexualHealthServices@cht.nhs.uk](mailto:SexualHealthServices@cht.nhs.uk)

**Patients from outside Calderdale are unable to have a coil or implant at this service  
Patients requiring a coil or implant for non-contraceptive purposes only, we are not  
commissioned to provide this service.**

|                                   |                 |
|-----------------------------------|-----------------|
| Name:                             | Address:        |
| NHS Number:                       | Date of Birth:  |
| Contact number:                   | Email address:  |
| Referrer details including phone: | Date Submitted: |

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| <b>Reason for referral (if a coil/implant change- when and where fitted)</b> |
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**We would recommend attaching a print out of the patient's primary care summary with past medical history, current medication and allergies**

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| <b>Any other further information Calderdale Sexual Health may need?</b> |
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