

**Picton Primary Care Network Ltd**
**Long-Acting Reversible Contraceptive (LARC) Self-Referral Form**

<b>Date:</b>	
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<b>Patient Details</b>	
GP Practice:	<input type="checkbox"/> Beacon Health Kensington <input type="checkbox"/> Sefton Park Medical Centre <input type="checkbox"/> Dunstan Village Group Practice <input type="checkbox"/> Earle Road Medical Centre <input type="checkbox"/> Picton Green Family Practice <input type="checkbox"/> Green Lane Medical Centre
Title:	
Forename:	
Surname:	
Gender:	
Date of Birth:	
Age:	
Address:	
Contact Number:	

Any Disability:	
Main Spoken Language:	
Interpreter Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Language of interpreter required:	
Ethnic Group:	
Are you using any form of contraception? If so, please specify	

<b>Appointment Required</b>	
<b>Implant</b> <input type="checkbox"/> Contraceptive Implant Insertion <input type="checkbox"/> Contraceptive Implant Removal  <b>Coil</b> <input type="checkbox"/> Copper Coil Insertion <input type="checkbox"/> Copper Coil Removal <input type="checkbox"/> Hormonal Coil Insertion <input type="checkbox"/> Hormonal Coil Removal	Please note any other relevant details:

Please email the referral form to [PictonAdmin@livgp.nhs.uk](mailto:PictonAdmin@livgp.nhs.uk)

A member of our admin team will contact you shortly to arrange telephone triage with our sexual health clinicians prior to arranging an appointment.