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| Medway GP LARC Programme GP SDI Removal Pathway |

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| **To be completed by the referring Clinician** | | |
| Patient Name  Insert Patients Name | | Patient DOB  Insert Patients DOB |
| NHS Number  Insert Patients NHS Number | | |
| Patients phone number  Insert patients phone number | | |
| Patient Address  Insert Patient address here | | |
| Referring Clinician | Insert Clinicians name | |
| Insert Clinicians address and email | |
| Insert date | |

|  |  |
| --- | --- |
| Known allergies | Insert details here |
| Reason for removal | Insert details here |
| Ongoing contraception given or N/A | Insert details here |
| Fraser competence if <16 | Choose an item. |
| Translator required | Choose an item. |

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| I have discussed / excluded the following: | Clinician initials |
| Possible bruising / scarring |  |
| Rapid return to fertility |  |

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| **Once the consultation has been completed by the referring clinician, please make an appointment for the patient at the fitting surgery.** |

|  |  |
| --- | --- |
| **To be completed by the fitting clinician** | |
| Removal Surgery | Insert details here |
| Removal Clinician | Insert name here |
| Device removed | Insert device details here |
| Comments | Insert comments here |

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| **Once completed by the fitting surgery, please return completed form to the patients registered surgery so that their records can be updated** |