

SELF- REFERRAL FORM

Central Liverpool Primary Care Network (CLPCN) Long-Acting Reversible Contraceptive (LARC) Service

Please note that this service is only available to patients registered at Liverpool GP Practices

Date of Referral:			
Referring to: CLPCN LARC service			
Patient Details			
Surname:		Forename:	
		Date of Birth:	Title:
		Gender:	Age:
Address:		Contact phone no:	
GP Practice:		GP Practice Address:	
Any Disability:			
Interpreter Required (Y/N):			
Language of interpreter required:			
Main Spoken Language:			
Read Language:			
Ethnic Group:			
Are you using any form of contraception? If so please specify			
Appointment Required			
Contraceptive Implant insertion Contraceptive Implant removal Copper coil insertion Copper coil removal Hormonal coil insertion Hormonal coil removal			

Please email the referral form to CLPCN-larc.service@livgp.nhs.uk

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