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| **Section 1:** | |
| **(\*) Patients must be informed of their positive HIV result BEFORE referral.**  **YOU DO NOT NEED TO PERFORM CONFIRMATORY HIV TESTING PRIOR TO REFERRAL.**  **This will be done at their first appointment in clinic.**  **Please follow this** [**link**](https://www.tht.org.uk/hiv-and-sexual-health/being-diagnosed-hiv/newly-diagnosed) **for FAQ’s from newly diagnosed patients to assist you**  **Is the patient systemically unwell? YES NO**  **If YES** – Contact the relevant clinic directly. If unable to get through, or out of hours, contact the Hospital HIV Consultant on-call via relevant hospital switchboard for advice or call Consultant Connect (GSTT/KCH).  Urgent queries for <18 Year Olds – please contact paediatric ID consultant oncall via GSTT switchboard 0207 188 7188  **REFERRALS VIA EMAIL ONLY (not the ERS system). Please tick preferred clinic as appropriate** | |
| **University Hospital Lewisham**  **The Alexis Clinic**  **SE13 6LH**  **Tel Reception:** 0203 192 6752  **HIV SHO:** Bleep 7252 via UHL main switchboard  **Email referral to:** [**LH.AlexisClinic@nhs.net**](mailto:LH.AlexisClinic@nhs.net) | **Queen Elizabeth Hospital**  **Trafalgar Clinic, Woolwich**  **SE18 4QH**  **Tel Reception:** 0208 836 6969/5767/5768  **Email referral to:** [**lg.trafalgarpatientqeh@nhs.net**](mailto:lg.trafalgarpatientqeh@nhs.net)  **Website:** [www.lewishamandgreenwich.nhs.uk/sexual-health-services](http://www.lewishamandgreenwich.nhs.uk/sexual-health-services) |
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| **Guy’s and St Thomas’ Hospital**  **Harrison Wing, Guy’s Hospital**  **SE1 9RT**  **Tel Reception:** 0207 188 2815  **HIV Nurses:** 0207 188 2636  **Email referral to:** [**gst-tr.HarrisonWing@nhs.net**](mailto:gst-tr.HarrisonWing@nhs.net) |
| **Website:** <https://www.guysandstthomas.nhs.uk/our-services/hiv-harrison-wing> |

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| **King’s College Hospital**  **The Caldecot Centre, Denmark Hill**  **SE5 9RS**  **Tel Reception:** 0203 299 5000  **Email referral to:** [**kch-tr.nursesatcc@nhs.net**](mailto:kch-tr.nursesatcc@nhs.net)  **Urgent advice:**  [kch-tr.sexualhealthconsultants@nhs.net](mailto:kch-tr.sexualhealthconsultants@nhs.net) **or**  **HIV SpR:** Bleep 515 via KCH switchboard  **Website:**<https://www.kch.nhs.uk/services/services-a-to-z/hiv/> | **King’s College Hospital**  **Beckenham Beacon, Bromley**  **BR3 3QL**  **Tel Reception:** 01689 866 622  **HIV Nurses:** 01689 866 647  **Email referral to:** [**kch-tr.bb-medical-queries@nhs.net**](mailto:kch-tr.bb-medical-queries@nhs.net)  **Website:**<https://www.sexualhealthbromley.co.uk/clinics/hiv-clinic> |
| **King’s College Hospital Community Clinics**  **Tessa Jowell Health Centre, East Dulwich,**  **SE22 8EY**  *Weekly doctor-led clinic every Thursday morning* | **Hurley and Riverside Practice, Vauxhall,**  **SW8 2JB**  *Monthly nurse-led clinic every Thursday afternoon*  *3-monthly doctor-led clinic on Wednesday afternoons* |
| **Paxton Green Health Centre, Gipsy Hill,**  **SE21 8AU**  *Monthly doctor or nurse-led clinic on Wednesday afternoons* | **Clapham Family Practice, Clapham High Street,**  **SW4 7DB**  *Monthly nurse-led clinic on Thursday mornings*  *3-monthly doctor-led clinic on Wednesday afternoons* |
| **Email referral to:** [**kch-tr.nursesatcc@nhs.net**](mailto:kch-tr.nursesatcc@nhs.net)  *Depending on clinical status, initial appointments will usually be at the Caldecot Centre* | |
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| **< 18 years old/Paediatrics**  **Evelina London Children’s Hospital,**  **Guy’s & St Thomas’ Hospital**  **SE1 7EH**  Family Clinic  **Tel:**0207 188 4679 (team PA)  **Email referral to:** FAO Dr Julia Kenny  [**gst-tr.ELCHPaedIMMIDReferrals@nhs.net**](mailto:gst-tr.ELCHPaedIMMIDReferrals@nhs.net) | **The Caldecot Centre,**  **King’s College Hospital**  **SE5 9RS**  Family and Young Person’s Clinic  Tel: 07973456734  **Email referral to:**  [**kch-tr.caldecotypcns@nhs.net**](mailto:kch-tr.caldecotypcns@nhs.net) |

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| **Section 2: Patient Details** | | | |
| Title (Mr/Mrs) |  | NHS No. |  |
| First name |  | Surname |  |
| DOB |  | Gender |  |
| Address |  | | |
| Telephone No. |  | Email |  |
| Spoken Language |  | Needs Interpreter? |  |

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| **Section 3a: Referral information – NEW POSITIVE HIV DIAGNOSIS** | | | |
| Date of positive HIV test |  | | |
| Reason for HIV test | Routine Sexual health Screen  HIV Symptoms (please describe in comments section below) | | |
| Comments/further information |  | | |
| **Date patient informed of positive HIV result by GP (\*)** |  | | |
| Date of referral to HIV services |  | | |
| Is the patient aware of this referral? | Yes No | Consent to contact via telephone? | Yes No |
| Is anyone else aware of their HIV diagnosis? (please give details) |  | | |

**Please fill out EITHER Section 3a OR Section 3b:**

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| **Section 3b: Referral information – TRANSFER OF CARE FOR PERSON LIVING WITH HIV** | | | |
| Date of HIV diagnosis |  | Name & location of previous HIV clinic |  |
| On HIV treatment? | Yes No | Name of medication & number of tablets remaining |  |
| Comments/further information |  | | |
| Is the patient aware of this referral? | Yes No | Consent to contact via telephone? | Yes No |
| Is anyone else aware of their diagnosis? (please give details) |  | | |

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| **Section 4: Referrer Details** | | | |
| Name & Role |  | | |
| Practice Name |  | | |
| Address |  | | |
| Telephone |  | | |
| Email |  | | |
| **Signature** |  | **Date of signature** |  |

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| **Section 5: Past Medical History** |
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| **Section 6: Medications** |
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| **Section 7: Vaccination History** |
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