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| **Department of Psychosexual Medicine**  Rose Garden Offices |
| Leeds General Infirmary |
| Great George Street |
| Leeds |
| LS1 3EX |
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| Appointments: 0113 3923204  Email: psm.lypft@nhs.net |

**Psychosexual Medicine Service Referral Form**

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| **PATIENT NAME, ADDRESS, DOB AND**  **NHS NUMBER** | **GP Surgery (Name, Phone number and Address)** |
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| **Clear description of the problem (using service users own words) and any other relevant history:**  **Duration of symptoms:**  **How are the symptoms/condition affecting the patient?** |

**Please note, we do not accept discharge letters as referrals**

**Any other relevant investigations? Please use a separate sheet if necessary**

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| **Please include details of any relevant medical problems** |  |
| **Please provide an up to date list of medications** |  |
| **Current Mental Health**  ***(if the patient has a mental health history, please attach reports and/or other relevant documentation)*** | Current Mental Health worker name and contact details: |

**Any other relevant information**

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**Blood results**

**Please provide up to date blood results and attach - Please see pre-referral screening tests below**

**Please note, we will return all referrals that do not have current blood results attached.**

**GUIDELINES FOR PRE-REFFERAL SCREEN BLOODS & TESTS**

**FEMALE**

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| **Description of psychosexual problem** | **Guideline for pre-referral screen** |
| **Vaginismus** | * Please carry out an examination of the vagina and vulva to assess the extent of the problem and to exclude any organic cause. |
| **Dyspareunia** | * As above, after excluding infection, gynaecological causes and other physical problems. |
| **Anorgasmia** | * Please check thyroid function, full blood count and HbA1c. |
| **Sexual interest and arousal disorder** | * Please check thyroid function, full blood count, HbA1c, urea and electrolytes and liver function tests. * If the patient reports amenorrhoea or oligomenorrhoea also check: total and free testosterone levels, SHBG, FSH, LH and prolactin. |

**MALE**

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| **Description of psychosexual problem** | **Guideline for pre-referral screen** |
| **Erectile dysfunction** | * Please provide details of drug and alcohol intake and BMI. * Check vascular status of lower limbs. * Please check: thyroid function, urea and electrolytes, liver function, early morning testosterone levels (08:30-11:30), SHBG, LH, FSH, HbA1c, prolactin, cholesterol and lipid profiles.  Please treat if abnormal * If aged 50+ please check prostate specific antigen, perform a digital rectal examination if the patient has lower urinary tract symptoms and also perform an ECG. * Please carry out an examination of external genitalia for phimosis, Peyronie’s disease, hypogonadism etc. Refer to Andrology/Endocrinology if present. |
| **Delayed Ejaculation** | * Please check HbA1c |
| **Premature Ejaculation** | * No screening tests required, unless dictated by history or clinical findings |
| **Sexual interest and arousal disorder** | * As for erectile dysfunction |