The Rogerstone Practice

Chapelwood Surgery, Western Valley Rd, Newport NP10 9DU

Tel – 01633 890800

**Referral form for long active reversible contraception (LARCS) Procedures**

**Coils, contraceptive implants**

Please complete this form and post or deliver it to the address above

The surgery will contact patients directly to arrange an appointment.

Patient Name:…………………………………………………… DOB:………………………………

Patient address: .…………………………………………………………………………………………

………………………………………………………………………………………………………………

Patient Number:………………………............... Email:………………………………….....................

Reason for referral: (Please circle as appropriate)

Contraceptive Implant: Insertion removal Replacement

Copper Coil: insertion removal replacement

Mirena coil: insertion removal replacement

Do you have any disabilities? Yes/NO

If yes, please state:…………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………….

Previous pregnancies and types of delivery: …………………………………………………………………………

……………………………………………………………………………………………………………………………………………….

Any known allergies: ……………………………………………………………………………………………………………..

Any other relevant information: …………………………………………………………………………………………….

How do you prefer to be contacted? (Please circle as appropriate)

Telephone Email Text Can we leave a message? YES/NO

Signed (by patient) ………………………………………………Print name (patient)…………………………………