

**Northern Region Gender Dysphoria Service (NRGDS)**

**Referral Form**

NRGDS, based at Walkergate Park Hospital, Newcastle is a service for people who experience persistent confusion and/or distress with their gender. This includes people who want to change physical aspects of their gender as well as those who do not. **The service is available to people over the age of 17 who live in England.** Children and young people should be referred to the [National Referral Support Service for the NHS Children and Young People's Gender Service](https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/).

Please note, people aged 17 will **not** be able to receive an appointment until they turn 18.

You can use this form to refer yourself or make a referral for somebody else, provided you have their consent to do so. Please complete the form as fully as possible to ensure that the referral is accepted. Please note, when referrals do not originate from the General Practitioner (GP), we will share all the information in this referral form with the GP to ensure they are aware of the referral and agree in principle to prescribe medication recommended by NRGDS and to carry out investigations required to manage hormone treatment within current NHS England guidelines.

In making or agreeing to a referral, GPs are assumed to agree.

All sections with an \* must be completed.

**Date of referral**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*NHS Number: |  | | | Historical NHS No: | | | |  |
| \*DOB  **Must be 17+** | DD/MM/YYYY | | \*Pronouns | | | He/Him/His  She/Her/Hers  They/Them/Theirs  Other, please specify \_\_\_\_\_\_\_\_\_\_ | | |
| \*Name on GP records |  | | | | | | | |
| \*Name to use for | Post:  Phone calls: | | | | Emails:  In-person: | | | |
| \*Gender Identity as described: |  | | | | | | | |
| \*Sex assigned at birth: | Male  Female | | | | | | | |
| Is there history of an intersex condition? If yes, please give details. | |  | | | | | | |
| \*Ethnicity | Asian or Asian British  Bangladeshi  Indian  Pakistani  Any other Asian background  Black or Black British  African  Caribbean  Any other Black background  Mixed  White & Asian  White & Black African | | | | | | White & Black Caribbean  Any other mixed background  White  British  Irish  Any other White background  Other Ethnic Group  Chinese  Any other ethnic group  I do not wish to disclose this | |

**Contact Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Address:  Inc. post code |  | | | | |
| Receive letters via email or post? | Email  if yes, please provide the email and tick consent box below  Post | | | | |
| Email: |  | | Mobile Tel No: | |  |
| \*Consent to contact you via: | Text  Email | \*Can the person you are referring attend independently? | | No  Yes  If no, please give details: | |
| \*Interpreter required? | No  Yes  If yes, what language? | | | | |

**GP details**

|  |  |  |  |
| --- | --- | --- | --- |
| GP Name: |  | \*GP Practice Name: |  |
| \*GP Practice Address:  Inc. post code |  | | |
| GP Tel No. |  | GP Email |  |

**Referrer’s details (if different to GP above)**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Is this a self-referral? **If yes, please skip this section** | Yes  No | | |
| Referrer’s Name: |  | Job title: |  |
| Relationship to person you are referring: |  | | |
| Referrer’s Address: |  | | |
| Referrer Tel No. |  | | |
| Referrer Email: |  | | |

**Please provide us with detailed reasons for the referral.**

Please include:

* Gender identity, their feelings about it and how these may have changed and developed over time.
* The impact on psychological wellbeing, social functioning, relationships and support networks.
* Their hopes and goals for the future – what do they want to happen?
* Whether they have attended this clinic in the past or have attended/are currently attending another gender clinic (including NHS and/or private clinics) – please include details of any past or current treatments.  
  *NB: If the person is currently receiving care or waiting for another NHS Gender Identity Service, please contact their current clinic to discuss options for transferring their care.*

|  |
| --- |
|  |

**Substance use**

|  |  |  |  |
| --- | --- | --- | --- |
| Smoker or any nicotine use including vaping? | Yes  No | If yes, details: |  |
| Alcohol consumption? | Yes  No | If yes, units per week: |  |
| Recreational drug use? | Yes  No | If yes, details: |  |

**Does the person have any current or historical medical conditions including an intersex condition? If so please state below**

*The referrer (if not the GP) may need to liaise with the GP for some of this information. Please include details of any surgery.*

|  |
| --- |
|  |

**Does the person have any difficulties with their mental health?**

*Please provide details of any past or current mental health history that you are aware of, including details of any other agencies that are/have been involved with the person. The referrer (if not the GP) may need to liaise with the GP for some of this information. NB NRGDS is not a general mental health service, if the person requires support with their mental health please refer to the relevant service.*

*Write on next page*

|  |
| --- |
| Click here to enter text. |

**Is there any history or risk to self or others?**

*Please give details of any current or historical suicidal or self-harm behaviour, any harm from others including domestic violence or exploitation and any convictions, cautions or licenses including any MAPPA and MARAC.*

|  |
| --- |
|  |

**Does the person have any diagnosis or symptoms of neurodivergence (such as autism or ADHD) or an intellectual disability?**

|  |
| --- |
|  |

**Is there a family history of any of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Condition** |  | **Details** | **Condition** |  | **Details** |
| Deep vein thrombosis (DVT) or Pulmonary embolism (PE) | Yes  No |  | Diabetes | Yes  No |  |
| Stroke | Yes  No |  | Cancer | Yes  No |  |
| Heart Disease | Yes  No |  | Other | Yes  No |  |

**Medication Assessment**

Please provide details of any NHS prescribed medication the person is currently taking, including sex hormones and hormone blockers (this may be a computerised print-out from GP record):

|  |  |  |
| --- | --- | --- |
| Name of Medication | Dose | Duration |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Please provide details of any known non-NHS prescribed sex hormones and hormone blockers that the person is taking:

|  |  |  |
| --- | --- | --- |
| Name of Medication | Dose | Details (e.g. how sourced, private prescription, duration of taking). |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Please provide further information below (not already included above) about the person, if relevant.

|  |
| --- |
| Click here to enter text. |

**Gathering information**

As part of our assessment and treatment process we gather information from other services and agencies.    
  
We gather information from you and other professionals involved in your care. An example of another professional that we would collect information from, is your GP.   
  
We only gather information, when it is necessary, to offer you assessment care and treatment. Gathering this information helps us to understand more about your history and current needs. It also helps us to understand if there are any risks to you or others.   
  
The information that we gather from you and other professionals will be kept in your Health Record (written and in an electronic record) to help us to provide you with the most appropriate care. **Sharing Information**We have a duty to keep information about you private and confidential.  There might be times when we have to share information about you without your permission. For example, to protect you or someone else from being hurt, or to prevent a crime. If this happened, we would share the smallest amount of information possible to protect people.   
  
The rules that we follow when sharing information are:  
  
Cumbria Northumberland Tyne and Wear (CNTW) Trust policies  
  
Common Law   
  
Data Protection Act (1998)  
  
NHS Confidentiality Code of Practice

**Keeping Information**When we write about your care and treatment, we keep that information in the electronic healthcare records system for CNTW. Correspondence we receive from you via email, will also be uploaded onto your Electronic Clinical Record.  
  
Some people who use our service live in Cumbria, Northumberland or Tyne and Wear. If you live in one of those areas and use CNTW services, some of the information that we write, can be seen by those services.  
  
When we meet with you we write two notes.

1, One note can be seen by other CNTW services. This provides information about your mental health and wellbeing on that day. This is so that other people working with you can see basic information such as whether you might need support for your mental health.  It does not include details about your care or treatment in the gender dysphoria service.   
  
2, The second note, that we write when we meet with you, is kept in a separate part of the electronic healthcare records system. This note includes the details about the healthcare that we provide for you. Other people or services who provide healthcare for you cannot see those notes.   
  
If you do not live in the CNTW area then other services cannot see any of the notes that we write about you in our healthcare records system  
  
In very limited circumstances, such as processing a complaint or ensuring that your record is accurate, other CNTW staff may open your record. These staff are bound by the same confidentiality guidelines.

Occasionally, information will be used for research, audit or training purposes, when all details that would identify you would be removed. This may happen after your care and treatment have finished. We may contact you after you have been discharged from the service to offer you the chance to take part in research, audit, service evaluation, or training.

**1.Contacting people to share and gather information**We do not usually contact anyone to talk about your care apart from your GP.   
Sometimes it might be useful to speak to someone important who looks after your health and wellbeing. This might be a healthcare professional, like a doctor in another team, or someone who looks after you, like a support worker or social worker.

We would not contact your family unless we had talked about this with you and you had agreed that it was something that you wanted us to do. **Is there anyone who you would not want us to contact, to receive or share information about your healthcare and wellbeing?**

Yes

No

**Is there anyone who you would like us to share with, or gather information from, such as family, carer or friends?**

**GP Records**

If you live in the CNTW area, and some areas close by, staff working in this service will look at your electronic GP records to see treatment, consultations and investigations.   
  
We do this to help us to make decisions about safe care and treatment. We need to look at these records at various points in your care and treatment pathway. For example, if we asked your GP to take a blood test, we would look at your GP record to see the results.

**Communicating with you about your care and treatment**As part of your assessment we will write letters about your care. We would like to give you a copy of these letters. We believe it could help you to understand and make choices about your own healthcare and treatment. It is your right to choose if you would like to receive a copy or not.

**How would you wish to receive copies of clinic letters?**

Email

Post

I do not wish to receive copies of my clinic letters

**Would you like your parent/carer to receive copies of letters?**

Yes

No

**Please tell us if you need help to read the letter.** For example, easy read, large print, translating to another language, or in Braille.

**Would you like to be contacted by text message?**

Yes

No

**Would you like to be contacted by e-mail?**

Yes

No

**Would you like to opt-in for a short-notice cancellation list for Initial and Diagnostic Assessments?**

Yes

No

Please note you would be expected to attend a Diagnostic Assessment in-person even at short notice.

**Would you like us to contact you in the future to give you the chance to take part in research?**

Yes

No

**Please input your name, and the current date to sign the form.**

**Please return this form to:**

Northern Region Gender Dysphoria Service

Northumberland, Tyne and Wear NHS Foundation Trust

Benfield House

Walkergate Park

Benfield Road

Newcastle upon Tyne

NE6 4QD

Tel: 0191 287 6130

Email: [NRGDS@cntw.nhs.uk](mailto:NRGDS@ntw.nhs.uk)