

**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 18 who live in England.** Currently referrals for those aged 16 and under are being managed by Arden&GEM National Referrals Support Service, in anticipation of a change to the commissioning Young People’s Gender Services. Details on how to make a referral can be found here: <https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/>

We are aware that 17-year-olds are unable to be referred to the above service. In this circumstance, some referrers choose to seek out other adult Gender Clinics and ask if they are able to accept 17-year-olds or others wait until the person turns 18 and make the referral to us then. You can find details of all the Gender Clinics in the UK here <https://www.nhs.uk/nhs-services/how-to-find-an-nhs-gender-identity-clinic/>

**Referral Form**

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.

**Date of referral**

Click here to enter a date.

**Person’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| NHS Number:  Is there an historical NHS number? If so please state |  | | |
| D.O.B.  **Must be over 18** |  | | |
|  |  | | |
| Ethnicity |  | | |
| What is the person’s official name as per GP record? | Click here to enter text.  Click here to enter a date. | | |
| What are their pronouns? (for example she/her; he/him; they/ them etc) |  | | |
| What name would they like us to use when we speak to them? | Click here to enter text. | | |
| What name would they like us to use in postal correspondence? |  | | |
| How does the person you are referring describe their gender identity? |  | What is their sex assigned at birth? | Male  Female |

**Person’s Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Address: | Click here to enter text. | Postcode: | Click here to enter text. |
| Landline Tel No. | Click here to enter text. | Mobile Tel No. | Click here to enter text. |
| Interpreter required? | No  Yes  If yes, what language?  Click here to enter text. | Can the person you are referring attend independently? | No  Yes  If no, please give details:  Click here to enter text. |
| Email address |  |  |  |
| Does the person consent to being contacted by: (tick as appropriate) | Text message  Email |  |  |

**GP details**

|  |  |  |  |
| --- | --- | --- | --- |
| GP Name: | Click here to enter text. | GP Practice Name: | Click here to enter text. |
| GP Practice Address: | Click here to enter text. | | |
| GP Tel No. | Click here to enter text. | | |
| GP Email | Click here to enter text. | | |

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

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

**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.*

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

**Substance use**

|  |  |  |  |
| --- | --- | --- | --- |
| Smoker or any nicotine use including vaping? | Yes  No | If yes, details: | Click here to enter text. |
| Alcohol consumption? | Yes  No | If yes, units p/w? |  |
| 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.*

|  |
| --- |
| 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?**

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

**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. |
| 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. |

**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 2876130

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

**Review due: January 2024**