

**ROATH HOUSE SURGERY**  
100 Penylan road, Penylan, Cardiff CF23 5RH  
Fax 029 20451623 Tel: 029 20461100

**Referral Form for Long Acting Reversible Contraception (LARCS) Procedures**

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

*The surgery will contact patients directly to arrange an appointment.*

**Patient Name:**..... **DOB:**.....

**Patient address:**.....  
.....

**Patient telephone number:**..... **Email:**.....

**Patient's GP name and address**.....  
.....

**Reason for referral: (please circle as appropriate)**

**Contraceptive Implant:**      insertion      or      removal

**IUD:**    insertion      or      removal      **Mirena:**      insertion    or    removal

**Do you have any disabilities? YES/NO**

If yes, please state:.....  
.....

**Do you need an interpreter? YES/NO**      If yes, which language?.....

**Past/present medical history:**.....  
.....

**Previous pregnancies and types of delivery:**.....

**Current medication:**.....

**Any known allergies:**.....

**Any other relevant information:**.....

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

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

**Do you consent to us contacting your GP for further information? YES/NO**

**Do you consent to the sharing of your personal information between practices? YES/NO**

Signed (by patient)..... Print name (patient):.....

If form is being submitted by patient's registered GP, please give the name and designation of the person completing this form.....

Dr J D Westlake \* Dr P A R Lloyd \* Dr A Proctor \* Dr R Thomas \* Dr M Hughes