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| **Waverley Care – Fife Referral Form: HIV/Hepatitis C Services**  Waverley Care is Scotland’s HIV and Hepatitis C charity. Our work is focused on prevention, education, testing and support and we’re here for anyone affected by HIV or Hepatitis C.  We offer support and prevention services across NHS Fife, promoting physical and emotional health while also providing practical support. We also provide support into testing for HIV and Hepatitis C, for those who may have been at risk.  Referrals can be made using this form, or over the phone. Completed forms can be returned using the details below:  **Post:** Waverley Care, Fife Sexual Health, Whytemans Brae Hospital, Whytemans Brae, Kirkcaldy, KY1 2ND  **Email:** [emer.gutmann@waverleycare.org](mailto:emer.gutmann@waverleycare.org)  **Tel:** 01592 729287 | | | | | | | | | | | | | | | |
| **WC_Logo_rgb_a4_320dpi.jpg** | | | | | | **Services for Referral:** (Tick all that apply) | | | | | | | | | |
| Information and advice about HIV and Hepatitis C | | | | | | | | |  |
| Support to test for HIV and/or Hepatitis C | | | | | | | | |  |
| One-to-one practical and emotional support | | | | | | | | |  |
| Peer Mentoring one-to-one | | | | | | | | |  |
| Peer support groups | | | | | | | | |  |
| Help into and through treatment, and to appointments | | | | | | | | |  |
| Self Management group work and one-to-one support | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| **CLIENT CONTACT DETAILS** | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | **Date of Birth:** | |  | | | | |
| **Address:** | |  | | | | | | | | | | | | | |
| **Email Address:** | |  | | | | | | | **Phone Number(s):** | |  | | | | |
| **Preferred Contact:** | | Mail: | | Email: | | | Phone: | | **Unique ID:** | | |  | | | |
| **If preferred contact is Phone, can messages be left where client is unavailable/unable to answer?** | | | | | | | | | | | | | YES: | NO: | |
| **REFERRER DETAILS** | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | **Organisation:** |  | | | | | |
| **Role** |  | | | | | | | | **Date of Referral:** |  | | | | | |
| **Phone Number(s):** |  | | | | | | | | | | | | | | |
| **FURTHER INFORMATION** | | | | | | | | | | | | | | | |
| **Indicate diagnosis:** | HIV: | | HCV: | | Co-infected: | | | | **Has client consented to referral?** | | | | YES: |  | |
| **Reason for referral:** | | | | | | | | | | | | | | | |
| **Are there any known risks for workers or volunteers to see this client at home?** | | | | | | | | | | | | | YES: | NO: | |
| **Please give details:** | | | | | | | | | | | | | | | |
| **Has the client been referred for treatment?** | | | | | YES: | | | NO: |  | | | | | | |
| **Is the client currently attending a clinic?** | | | | | YES: | | | NO: | **Name of clinic:** | | | | | | |
| **Is the client currently working with any other relevant agency/organisation(s)?** | | | | | | | | | | | | | YES: | NO: | |
| **Please give details:** | | | | | | | | | | | | | | | |
| **Consent to contact agency/organisation(s)** | | | | | YES: | | | NO: |  | | | | | | |