

LTHT HIV Service referral form

Brotherton Wing Clinic, Block 11, Level A/B, Brotherton Wing, Leeds General Infirmary, LS1 3EX
Reception phone: 0113 3926762
HIV CNS phone: 0113 3926057

Please email this completed form to: leedsth-tr.bwadmin@nhs.net

Referral from:

Referring Clinician:	
Referrer Contact Details: (please provide physical address, email address and phone number):	

Patient details:

Patient Name:	
DOB:	
Address:	
Mobile / Home telephone number: <i>Please ensure the patient is aware that we will call them to arrange an appointment.</i>	
Patients email address:	
Date of diagnosis: Test results and HIV type:	
Confirmatory test performed? Date sent:	
Date patient was informed of their results: <i>Please ensure that this takes place prior to referral.</i>	
Interpreter required? If yes please state language.	Language:
Clinical indicator disease (CID): If yes please state clinical indicator.	
Any other relevant information:	

NB If patient is unwell, please telephone the HIV team for advice.
In-hours: phone Brotherton Wing Clinic as above.

Out of Hours: contact on-call GUM/ID ST or ID Consultant via ward J20 (SJUH) on 0113 2069120 or 0113 2065621 or via LTHT trust switchboard (0113 243 2799).