



General practice / local sexual health clinic referrals to the Pharmacy Contraception Service – Local contact details

Community Pharmacy PCN Lead (where applicable):	Name:	Pharmacy name:	Phone number:
			Email address:

General practices and local sexual health clinics referring to the Pharmacy Contraception Service:

Practice / clinic name	Method of sending referrals to pharmacies	Process to follow when a patient needs an appointment at the practice / clinic	Phone number for health professional use	NHSmail address referral use	Contact for dealing with any problems with the service

Other pharmacies providing the Pharmacy Contraception Service in the PCN:

Pharmacy name	Address	Phone number for health professional use	NHSmail address

Local safeguarding:

Local safeguarding lead:	Name:	Phone number:	Email address: