

Pathway:	GUM
Referral Criteria/Commissioning position:	
<p><i>Refer for:</i></p> <ul style="list-style-type: none"> • investigation of symptoms that could be related to a Sexual Transmitted Infection (STI) such as: <ul style="list-style-type: none"> ○ for males: <ul style="list-style-type: none"> ▪ dysuria ▪ discharge ▪ testicular pain/swelling (if torsion excluded) ○ for females: <ul style="list-style-type: none"> ▪ discharge ▪ soreness/itch ▪ menstrual irregularities esp. IMB/PCB ▪ dyspareunia ▪ pelvic pain <p>Patients can self-refer or be sent by GP – All GP letters sent with the patient will receive a reply.</p> <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • None 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Symptoms and duration • Any physical signs found e.g. ulceration • Describe problem and length of symptoms • Treatments and interventions, current & past tried including the results • Drug history (prescribed and non-prescribed) • Relevant past medical/surgical history • Current regular medication • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<p>Patient information/ PDA</p> <p>Yorsexualhealth</p>	
CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017