

Sexual Health Services (SHS) Referral Log

Staff Member Name: _____

School Site: _____ School Year: _____

SHS Referral Definition: “Have you had a one-on-one conversation with a student in which you provided information about off-site providers or an on-site school-based health center for sexual health services that resulted in a formal or informal referral to one or more of those providers? If yes, how many of these one-on-one referral conversations have you had with students so far this school year?”

Please complete this form when you make a referral to a youth-friendly off-site provider for Sexual Health Services (SHS) such as:

- HIV testing
- STD testing
- STD treatment
- Pregnancy testing
- Provision of condoms and condom-compatible lubricants (e.g., water- or silicone-based)
- Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD)
- Human papillomavirus (HPV) vaccine

Month	Number of Referrals
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
July	

For questions or further information, please contact the Sexual Health Education Program at (619) 725-7121.