

GUIDELINES FOR PRE-REFERRAL SCREEN

For all referrals, please provide medical and surgical history, including current medications. Also please provide history of any psychological problems and treatments.

Female

Description of psychosexual problem	Guideline for pre-referral screen
Vaginismus	<ul style="list-style-type: none"> • Please carry out an examination of the vagina and vulva to assess the extent of the problem, and to exclude any organic cause.
Dyspareunia	<ul style="list-style-type: none"> • As above, after excluding infection, gynaecological causes and other physical problems.
Anorgasmia	<ul style="list-style-type: none"> • Please check thyroid function, full blood count and HbA1c.
Sexual interest and arousal disorder	<ul style="list-style-type: none"> • Please check thyroid function, full blood count, HbA1c, urea and electrolytes, and liver function tests. • If the patient reports amenorrhoea or oligomenorrhoea, also check total and free testosterone levels, SHBG, FSH, LH and prolactin.

Male

Description of psychosexual problem	Guideline for pre-referral screen
Erectile dysfunction	<ul style="list-style-type: none"> • Please provide details of drug and alcohol intake, and BMI. • Check the vascular status of lower limbs. • Please check thyroid function, urea and electrolytes, liver function tests, early morning (9 am) testosterone levels, LH and FSH, HbA1c, prolactin, cholesterol and lipid profiles. Please treat if abnormal. • If age 50+ please check prostate specific antigen, perform a digital rectal examination if patient has lower urinary tract symptoms and also perform an ECG. • Please use the following screening measures and provide scores: International Index of Erectile Function (IIEF) https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/iief.pdf International Prostate Symptom Scores (IPSS) http://www.urospec.com/uro/Forms/ipss.pdf • Please carry out an examination of external genitalia to assess for phimosis, Peyronies disease, hypogonadism, etc. Refer to Andrology/Endocrinology if present.
Delayed ejaculation	<ul style="list-style-type: none"> • Please check HbA1c.
Premature ejaculation	<ul style="list-style-type: none"> • No screening tests required, unless dictated by history or clinical findings.
Anorgasmia	<ul style="list-style-type: none"> • No screening tests required.
Sexual interest and arousal disorder	<ul style="list-style-type: none"> • As for erectile dysfunction.