

REFERRAL



Date

Patient details:

Name

Address

..... Postcode

NHS number Date of Birth

Treatment:

Treatment will be funded by NHS Privately

Patient referred for:

Unplanned pregnancy

Date of LMP

HSA1 form signed and attached

Yes No

Vasectomy

Significant medical history

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Referrer/GP details:

Dr Name

CCG Name

Address

..... Postcode

BPAS is the UK's leading provider of abortion care. Our staff are trained and experienced in providing specialist, sensitive abortion care to women of all ages.

Visit www.bpas.org to find your nearest location

Appointments and enquiries

telephone: **03457 30 40 30** (anytime)

email: **info@bpas.org**

To the patient:

- You can call to book a convenient appointment yourself
- Remember to bring this form with you, or you may be asked to pay for your treatment
- Bring all your medicines, and letters or paperwork from your GP or family planning clinic
- You may need to attend more than one appointment
- Our clinics are not suitable for children – please don't bring them
- If your appointment is for treatment, take note of what you are told about eating and drinking. If you don't follow the instructions given to you at the time of booking, it may not be safe to give you the treatment of your choice, or your treatment may be postponed.