

Referral for Termination of Pregnancy (TOP)

Referral date...../...../.....
Referring clinician.....
Address.....
.....
.....
Postcode.....
Tel No.....
CCG Name.....

Patient's name.....
DOB(dd/mm/yy)...../...../.....
Address.....
.....
.....
Postcode.....
Tel No.....
NHS No.....

Treatment will be funded by NHS Privately

Patient referred for: Unplanned pregnancy Yes No
Date of LMP.....
Gestational age by ultrasound scan.....weeks.....days
Date of ultrasound scan.....
HSA1 signed and attached Yes No

Significant medical history

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I (the referrer) confirm the patient has agreed that I may share their contact details with BPAS to arrange their ongoing care.

BPAS has clinics all over the country

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.
- Bring your scan report if you have one.
- 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.