Referral for Termination of Pregnancy (TOP)



Part A - to be completed by the referrer

Referral date:		Patients name:		
Referring clinician:		DOB(dd/mm/yy):		
Address:		Address:		
Postcode:		Postcode:		
Tel No:		Tel No:		
CCG Name:		NHS No:		
Treatment will be funded by: NHS \square Privately \square				
Patient referred for: Unplanned pregnancy		Yes No 🗆		
Date of LMP:				
Gestational age by ultrasound scan: weeks days				
Date of ultrasound scan:				
HSA1 signed & attached:	Yes □ No	□		
Significant medical history:				
Patient Consent I (the referrer) confirm the patient has agreed that I may share their contact details with BPAS to arrange their ongoing care. Please note that consent must be sought prior to the referral. Where possible please print off the form and ask the patient completes part B (overleaf) and then scan and email to bpas.referral@nhs.net Alternatively, in the event that you are unable to print and scan this, then please use the section below to explain how patient consent has been secured e.g. in discussion during a GP clinical consultation.				

To find further information on how we process personal data please visit: https://www.bpas.org/privacynotice/

Part B – to be	completed by the patient			
\square I consent to my personal information being shared with BPAS for healthcare.				
Print name:				
Date:		Signed:		

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.

For information on how your information is handled please visit: https://www.bpas.org/privacynotice/