

Referral for Termination Of Pregnancy (TOP)



Referral date:	Click here to enter a date.	Patients name:	Click here to enter text.
Referring clinician:	Click here to enter text.	DOB(dd/mm/yy):	Click here to enter text.
Address:	Click here to enter text. Click here to enter text. Click here to enter text.	Address:	Click here to enter text. Click here to enter text. Click here to enter text.
Postcode:	Click here to enter text.	Postcode:	Click here to enter text.
Tel No:	Click here to enter text.	Tel No:	Click here to enter text.
CCG Name:	Click here to enter text.	NHS No:	Click here to enter text.

Treatment will be funded by: **Privately**
NHS

Patient referred for: Unplanned pregnancy **No**
Yes

Date of LMP: Click here to enter a date.

Gestational age by ultrasound scan: Click here to enter text. **weeks** Click here to enter text. **days**

HSA1 signed & attached: **Yes** **No**

Significant medical history: Click here to enter text.

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