NUPAS

national unplanned pregnancy advisory service

REFERRAL INFORMATION

For Termination of Pregnancy

T: 0333 004 6666

E: enquiries@nupas.co.uk

www.nupas.co.uk

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REFERRAL FOR TERMINATION OF PREGNANCY

The following patient has come to me requesting assistance with her unwanted pregnancy. I wish to refer her to your clinic.

Patient's Name: .....

Address: .....

.....

.....

..... **Postcode:** .....

Tel/Mobile: .....

Date of Birth: ..... **Age:** .....

I am referring my patient as ☐ NHS Funded ☐ PRIVATE

FOR AN APPOINTMENT AT:

(see www.nupas.co.uk for full list of clinics)

.....

.....

MEDICAL INFORMATION

Date of LMP: .....

Approx. Gestation: ..... weeks..... days .....

Does the patient have any significant medical history?

.....

.....

.....

.....

.....

APPOINTMENT DATE: ..... **TIME:** .....

Referring DR / Nurse: ..... Date: .....

Practice Address/Stamp

This referral form can be sent to us by Email: enquiries@nupas.co.uk or your patient can bring this form with her to the appointment.

FOR FURTHER INFORMATION

T: **0333 004 6666** • E: **enquiries@nupas.co.uk**
www.**nupas**.co.**uk**

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Informing...

to enable choice

Advocating...

to ensure rights

Enabling...

to increase skills

Supporting...

with compassion and care

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NATIONAL TREATMENT CLINICS

SEE OUR WEBSITE
www.nupas.co.uk