**TERMINATION OF PREGNANCY REFERRAL FORM**

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| **Referrer’s Name** | **Surgery/Practice Address** |
| Title: | Surgery Name: |
| Forename: | Address Line 1: |
| Surname: | Address Line 2: |
| Telephone: | Town/City: |
| Email: | Postcode: |

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| **My patient has requested information and referral for abortion care. *Please give this completed form to your patient and ensure they bring it to their Marie Stopes UK appointment*****Private -** My patient is paying for this treatment**NHS Treatment -** I am referring this patient under the NHS. The CCG has an agreement to pay for the treatment If NHS referral**CCG Name:***(Please check with your CCG if you are unsure about agreements)***I attach a signed HSA1** (optional) **Letter attached** (optional) |
| **Patient Details** |
| **Full Name:** |
| **NHS Number:** | **Date of Birth:** |
| **Relevant Medical History and Current Medication***(please call us if there is anything complex in your patient’s medical history we may need to discuss)*There are no aspects of my patient’s history which cause me to have reservations about day care treatment. |
| **BMI:** | **Weight:** | **Height:** |
| **Pregnancy Test:**Home GP FPC Chemist | **LMP:** | **Gestation:** |
| **GP Confirmation** |
| **GP Print Name:** | **GP Surgery stamp here** |
| **GP Signature:** |
| **Date:** |

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| **How to arrange an appointment** |
| **GP**1. Please complete this form and clearly state who is funding the procedure. Incomplete forms will result in delays | **Patient**1. Telephone our national advice and booking line.
2. Our advisors will arrange your appointment and give you all the details you need. Please ask us any questions you may have.
3. Bring this form to your appointment and any other information your doctor has given you.
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| **Call our Advice & Booking Line: 0345 300 8090 (open 24 hours a day, 7 days a week)****You can also email us at** **services@mariestopes.org.uk** |

**What will happen next?**

When you call the Marie Stopes UK advice and booking line we can explain your options and give you more information. You will be offered:

**Counselling:** If you feel you need to talk to someone and are not quite sure what to do, we can arrange an appointment for you to see one of our counsellors. We can offer the choice of face to face or telephone counselling.

**Consultation and medical assessment:** We are able to offer either telephone or face to face consultation. All clients will see a doctor or nurse to assess their pregnancy, establish grounds for their abortion under the 1967 Abortion Act and explain the treatment options. All Marie Stopes UK centres and clinics provide day care services in a comfortable, supportive environment.

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| **Abortion treatment choices:** (depending on centre or clinic) |
| **Medical abortion**One day or two day visits for treatment**Treatment choice available:**Up to 9 weeks and 3 days gestation | **Surgical abortion**This will be carried out after a consultation**Treatment choice available:**Up to 12 weeks gestation with either no anaesthetic, sedation, or general anaesthetic12 - 18 weeks and 6 days gestation with either sedation or general anaesthetic19 - 23 weeks and 6 days gestation with general anaesthetic |

**Aftercare:** You can call our 24 hours a day, 7 days a week aftercare line if you would like to speak to a nurse following treatment.

For more information visit the Marie Stopes UK website

[**www.mariestopes.org.uk**](http://www.mariestopes.org.uk/)

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