

Referral for Termination of Pregnancy (TOP)

(Prison Referral)

Part A - to be completed by the referrer

Referral date		Patients name	
Referring clinician		DOB (dd/mm/yy)	
Address		Address	
Postcode		Postcode	
Clinician Tel No		Patients Tel No (if applicable)	
ICB name		NHS No	
Date of last menstrual period		Date of ultrasound scan (if applicable)	
Gestation at ultrasound scan (if applicable)		_____ weeks _____ days	
Medical history			
Safeguarding history			
Will the patient be released from custody within 4 weeks of BPAS treatment?			

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 custodial.referrals@bpas.org 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 and your information is handled please visit:
<https://www.bpas.org/privacynotice/>

Part B– to be completed by the patient

I consent to my personal information being shared with BPAS for healthcare.

Print name			
Date		Signed	

Appointments and enquiries telephone: 03457 30 40 30

Phone lines are open 7am to 6pm Monday - Friday
8am to 4pm on Saturdays and 9.30 am to 2.30 pm on Sundays

To the patient:

- 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.
- 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.