

Referral for Pregnancy Services (Conscientious Objectors) Form

This form is suitable for use by Conscientious Objectors when referring a patient within two working days for further consultation about termination of pregnancy.

Patient Details	
Patient name	
Patient date of birth	
Patient address	
Examination Details	
Gestation	/40
Date of examination	
Date of referral:	
Referral Details	
<p>I.....</p> <p>.....</p> <p>(Name and qualifications of practitioner)</p> <p>Have consulted the patient at</p> <p>.....</p> <p>(Full address of place at which patient was consulted)</p> <p>On (Date)</p> <p>I am referring this patient to you for further consultation regarding the pregnancy.</p>	

Comments or additional clinical details			
Referrer's name			
Referrer's signature			
Date			
Referral to:			
Doctor's name			
Organisation			
Email		Phone	
Address			

Further information

Note regarding gestational age.

Ensure that the doctor to whom the referral is being made has capacity to assess the woman in sufficient time to allow appropriate options for termination of pregnancy.