|  |  |  |
| --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | |
| 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 | | |
| I.................................................................................................................................................................  ...................................................................................................................................................................  (Name and qualifications of practitioner)  Have consulted the patient at  ...................................................................................................................................................................  (Full address of place at which patient was consulted)  On (Date) ................................................................................................................................................  I am referring this patient to you for further consultation regarding the pregnancy. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 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. |
| End of form |