



## Referral form

The following patient has come to me requesting assistance with:

Unplanned pregnancy       Vasectomy/sterilisation

I am referring my patient for:

Initial consultation       Direct for treatment

I am referring my patient to **bpas** as:

NHS funded patient       Private patient

Patient's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Date of birth \_\_\_\_\_

Patient would like their appointment details by:

Letter       Email \_\_\_\_\_

### Medical information

Date of LMP (unplanned pregnancy only) \_\_\_\_\_

HSA1 form signed and enclosed.     Yes     No

Significant medical history \_\_\_\_\_

\_\_\_\_\_

Referring Dr: \_\_\_\_\_ Date: \_\_\_\_\_

PCT name: \_\_\_\_\_



Comments

To book an appointment phone  
**08457 30 40 30**  
For more information visit [www.bpas.org](http://www.bpas.org)

It is essential that you bring this form with you, otherwise you may be asked to pay for your treatment.

Depending on your treatment option, you may be required to make a separate treatment appointment.

If you have any queries about your appointments, please call **08457 30 40 30**.