

**North Devon District Hospital**

**Raleigh Park**

**Barnstaple**

**Devon**

**EX31 4JB**

**North Devon abortion referral form**

**Please call 01271322602 to book an appointment directly and send this form as part of your referral.**

**Name:**

**DOB: Age:**

**Address:**

**Telephone number:**

**Mode of Consultation:** F2F/Telephone

**LMP:**  / / Unknown

**Regular cycle** Y/N Sure of dates? Y/N

**Using contraception**? Y/N Type? Correct use? Y/N

**Obstetric history:** Gravida Parity Mode of birth

**Number of previous abortions:**

**Medical history:**

**Surgical history:**

**Medication:**

**Allergies:**

**Safeguarding/coercion concerns:**

**Additional information:**

**HSA1 enclosed** Y/N

**STI screen** Y/N Results Pending/negative/positive

**Contraception plan:**

**Referrer:**

**Signature: Date:**