



Referral forms





bpas has a national
network of centres

To find your nearest location, visit

www.bpas.org

and go to the 'Clinics' page

To book **bpas** appointments,
please call us on

08457 30 40 30



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

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**.



Referral pad ordering service

To order your next referral pad, please email **marketing@bpas.org** with your request and postal address, or telephone **0845 365 5050**.

Or you can download a referral form at
www.bpas.org/bpashealthcare