East and North Hertfordshire NHS
NHS Trust

TOP Referral Form
For both Medical and Surgical terminations

Please fax this referral to 01438 286178 or email: counsellingclinic.enh-tr@nhs.net

Or can simply call us and give details on
TOP Hotline: 01438286190/01438286194(8:00-19:00)

The counselling clinic is held in the early pregnancy Unit at Lister Hospital, every Thursday morning. We aim to see all referrals within a week in the counselling clinic. For medical management it will be possible to commence treatment when seen in the clinic. For medical TOP we can accept patients up to 20 weeks and for surgical up to 14 weeks gestation.

Patient Surname:	Date of Birth:
Patient Forename:	
Date of referral:	GP Name:
Address: Postcode:	GP Address: GP Postcode:
NHS Number:	Last Menstrual period:
Telephone Number:(Most recent)	Smokes Yes / No:
Mobile Number:	Ethnicity:
Medical History:	

We will contact the patient to confirm the appointment in the counselling clinic – please ensure all telephone numbers are correct.

If possible please fax the attached HSA1 form(abortion act) or send the form with patient.

IN CONFIDENCE **CERTIFICATE A**

ABORTION ACT 1967

Not to be destroyed within three years of the date of operation
Certificate to be completed before an abortion is performed under Section 1(1) of the Act

I, ...
(Name and qualifications of practitioner in block capitals

of .....

.....
(Full address of practitioner)

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at

.....

.....
(full address of place at which patient was seen or examined)

on .....

and I .....
(Name and qualifications of practitioner in block capitals)

of .....

.....
(Full address of practitioner)

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at

.....

.....
(Full address of place at which patient was seen or examined)

on .....

We hereby certify that we are of the opinion, formed in good faith, that in the case

of .....
(Full name of pregnant woman in block capitals)

of .....

.....(
Usual place of residence of pregnant woman in block capitals)

(Ring appropriate letter(s))

A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated;

B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman;

C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman;

D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing child(ren) of the family of the pregnant woman;

E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

This certificate of opinion is given before the commencement of the treatment for the termination of pregnancy to which it refers and relates to the circumstances of the pregnant woman's individual case.

Signed ..... **Date** .....

Signed ..... **Date** .....

* Delete as appropriate

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Form HSA1 (revised 1991)