

Referral for Termination of Pregnancy due to Fetal Anomaly (TOPFA)

Email to: bpas.referral@nhs.net

CONFIDENTIAL



Referral date.....	Patient's name
Referring clinician	Address
Address
.....	Contact number
.....	NHS No.....
.....	DOB.....
Contact number	Signed HSAI attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Height..... Weight	BMI.....	Gestational age by ultrasound	wksdays
Rhesus <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Copy of scan attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hb..... g/dL.....	Date	Genetic reports attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Indication for termination.....	
Obstetric history.....	
.....	
Medical and surgical histories	
.....	
Allergies or reactions to anaesthetic <input type="checkbox"/> Yes <input type="checkbox"/> No	Details.....
Medications.....	
Pathology required <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, where and how material should be sent)	Genetic testing required <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, where and how material should be sent)
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.....

Disposition of pregnancy tissue	<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation	<input type="checkbox"/> Clinical disposal
	<input type="checkbox"/> Undecided	<input type="checkbox"/> Not discussed	<input type="checkbox"/> Other

Discharge letter (tick all that apply)	<input type="checkbox"/> Referrer	<input type="checkbox"/> GP	<input type="checkbox"/> Other.....
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Signed.....	Date.....
Name (PRINT).....	Job title.....

To find further information on how we process personal data please visit <https://www.bpas.org/privacynotice/>

IF FOUND, PLEASE RETURN IMMEDIATELY TO: BPAS, ORION HOUSE, 2 ATHENA DRIVE, TACHBROOK PARK, LEAMINGTON SPA CV34 6RQ