**Princess Royal University Hospital Early Pregnancy Unit (EPU) - Referral Form:**

**Telephone:** 01689 865721 **Email:** **Kch-tr.pruhepagsu@nhs.net**

**Opening** **Times**: Monday to Friday- 09:00 to 16:00

*Please note, attendance at EPU is currently by appointment ONLY. We will contact women by telephone with an appointment, AFTER receipt of completed referral form.*

***Please complete the form as fully as possible and send to above email address.***

|  |
| --- |
| **Patient Details**  |
| Surname: Title: | First Name: | Date of Birth:  |
| NHS Number: | Hospital Number: | Interpreter required? Yes. Language: |
| Home phone number: Mobile number: | Address: |

|  |
| --- |
| **GP details**  |
| GP Name:Telephone:Email: | GP Address: | Date of referral: |
| Referral Indication:(Pls tick all relevant boxes) | Vaginal bleedingAbdominal pain2 or more previous miscarriagesHigh risk for ectopic pregnancy (previous ectopic; previous tubal surgery; previous pelvic infection; coil in situ; scan showing pregnancy or unknown location or suspected ectopic pregnancy)Persistent bleeding after delivery, miscarriage or terminationUnsure of datesOther – please comment: ………………………………………………….. |

|  |
| --- |
| ***Pregnancy Status: All fields below are mandatory for an appointment in our Unit, unless otherwise stated*** |
| **Further questions:**When was your last menstrual period? ………………………………………………How many weeks pregnant are you? …………………………………………………Have you had a positive pregnancy test? Yes / NoHave you had a scan yet in this pregnancy? Yes / NoIf yes – what were the results of this scan? ………………………………………… | **Any further information:** |