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

**Telephone:** 01689 865721 **Email:** [**Kch-tr.pruhepagsu@nhs.net**](mailto: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.***

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

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| **GP details** | | |
| GP Name:  Telephone:  Email: | GP Address: | Date of referral: |
| Referral Indication:  (Pls tick all relevant boxes) | Vaginal bleeding  Abdominal pain  2 or more previous miscarriages  High 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 termination  Unsure of dates  Other – please comment: ………………………………………………….. | |

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| ***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 / No  Have you had a scan yet in this pregnancy? Yes / No  If yes – what were the results of this scan? ………………………………………… | **Any further information:** |