**Pregnancy Advisory Service**

Under 18yrs Supporting Information Form

**For first appointment please telephone the central booking line:**

**0345 8725435 to access the Pregnancy Advisory Service.**

Then post, or email this supporting information form (to the details below)

(If email, please send from an nhs.net account)

Please include as much detail as you can

|  |  |
| --- | --- |
| Post to:  **Pregnancy Advisory Service** Unity Sexual Health, Central Health Clinic Bristol BS2 0JD  Email:  [ubh-tr.TeenagePregnancyOutreachNurses@nhs.net](mailto:ubh-tr.TeenagePregnancyOutreachNurses@nhs.net)  Phone  **0117 342 6824** for subsequent appointments and PAS staff | **From:**  Name of referring service  Name of doctor / nurse |

|  |  |
| --- | --- |
| Name |  |
| Date of birth and age |  |
| Address |  |
| Mobile number |  |
| Alternative contact number e.g. friend |  |
| GP practice.  Ok to contact GP? |  |
| School or college attended |  |
| Date of positive pregnancy test  LMP |  |
| Parents/ carers aware?  If no, have they told another adult? |  |
| Date and time of PAS appointment |  |
| Any other details |  |