



**REFERRAL FOR TERMINATION  
OF PREGNANCY  
AT EPSOM DAY UNIT**

SEND TO: EPSOM DAY UNIT  
PRIVATE BAG 92189  
EPSOM, AUCKLAND  
PHONE: 09 631 0740  
FAX: 09 630 9819

NAME: \_\_\_\_\_ AKA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ NHI NUMBER: \_\_\_\_\_

CONTACT TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

NZ RESIDENT  Y  N INTERPRETER:  Y  N LANGUAGE: \_\_\_\_\_

PREVIOUS T.O.P. AT EPSOM DAY UNIT  Y  N WHEN: \_\_\_\_\_

LMP: \_\_\_\_\_ GESTATION: \_\_\_\_\_

DATE OF POSITIVE PREGNANCY TEST: \_\_\_\_\_

	DIAG / MEDLAB	LAB TEST	OTHER
1 <sup>ST</sup> ANTENATAL SCREEN			
ENDOCERVICAL SWAB			
CHLAMYDIA SWAB			
HIGH VAGINAL			
USS	WHERE: _____		

CURRENT MEDICATION: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

RELEVANT MEDICAL / OBSTETRIC / PSYCHIATRIC HISTORY: \_\_\_\_\_

RELEVANT SOCIAL HISTORY (E.G.: HOUSING, EMPLOYMENT, FAMILY, SUPPORT ETC): \_\_\_\_\_

**IMPORTANT PLEASE COMPLETE THE FOLLOWING SECTION**

REFERRING DOCTOR: _____	SIGNATURE: _____
POSTAL ADDRESS: _____	TELEPHONE: _____
SUBURB / CITY: _____	FAX: _____
EPSOM DAY UNIT FIRST APPOINTMENT: DATE: _____	TIME: _____

# YOUR APPOINTMENT AT EPSOM DAY UNIT:

**Address: 5th Floor, Building 7:  
Gate 1, Greenlane Centre  
Greenlane Road West, AUCKLAND**

There is a location map on the back of this form.

TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

Phone:	0-9-631 0740
Fax:	0-9-630 9819
Office Hours:	
Mon–Thur	0730am - 6.00pm
Friday	0730am - 4.00pm

- **Please ensure you ring us if you wish to cancel your appointment.**
- **It is our policy that all clients MUST present a current photo ID on Day One. Your appointment will be rebooked if you DO NOT present a photo ID.**
- Parking is available in the visitors carpark, follow the signs from Gate 1. **There is a charge for parking in the hospital grounds.**
- The Service is free for women who are living within the greater Auckland area and who are eligible for free healthcare in New Zealand. **If you were not born in New Zealand, please bring your passport with you to prove residency or citizenship. Otherwise you will have to pay for this service.**
- You will need to attend the clinic on at least 2 separate half days. **Your first appointment is for Assessment only.** If you are legally approved by the Doctor a second appointment will be made for your abortion.
- You will need to be at the clinic for **up to 3 hours at each visit.**
- **Arrange childcare** so you are free to attend to your own needs. There are no childcare facilities.
- If you wish to be added to our "cancellation" waiting list, please contact the clinic.

You may bring your partner, a friend or relative with you to both appointments.

The doors to the unit are locked at all times. You will be expected to give your name before being allowed into the unit. If you are expecting a support person to arrive after you, please give this person's name to the receptionist, otherwise your support person won't be allowed into the unit.

You will be able to discuss your pregnancy, contraception, health and other concerns with members of the health team.

## **AIMS OF THE CLINIC**

- \* To assist women to reach informed decisions regarding their pregnancy.
- \* To affirm that abortion can be an experience that may enhance and sustain the well-being of women.

We provide a safe, professional, confidential and legal service which includes:

- \* ASSESSMENT
- \* INFORMATION PROVISION
- \* ABORTION, when indicated
- \* COUNSELLING, if required

## **ABORTION AND THE LAW**

The New Zealand law requires that two certifying consultants consider whether legal requirements are met and authorise your request for an abortion. Before leaving the clinic the nurse will give you information regarding your next appointment time.

# MAP AND PARKING

