



1a Trinity Place  
Huntingdon  
Cambridgeshire  
PE29 3QA

01480 45 77 11  
[info@pregnancyadvice.org.uk](mailto:info@pregnancyadvice.org.uk)  
Charity Number: 1104599

## Referral to Cornerstone

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Brief description reason for referral:

- Post Abortion
- Unplanned Pregnancy Options
- Miscarriage
- Baby Loss
- Befriending Service
- Material Needs (baby supplies etc.)

Preferred contact (please X)

a) Email

b) Telephone

c) Mail

I consent to the above information being shared with Cornerstone Care in Confidence so that they may contact me.

Name (please print) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Healthcare professional completing referral:**

Name \_\_\_\_\_

Signed \_\_\_\_\_