Cornerstone
Pregnancy Advice Centre
Care in Confidence

1a Trinity Place
Huntingdon, Cambridgeshire
PE29 3QA, 01480 45 77 11
info@pregnancyadvice.org.uk

Referral to Cornerstone

Name: ______ Date of Birth: ______

Address: ______

Post Code: ______ Email address: ______ Telephone: ______

Brief description and reason for referral:

☐ Post Abortion

☐ Unplanned Pregnancy Options

☐ Miscarriage

☐ Baby loss

☐ Befriending Service

☐ Material needs *(baby supplies etc.)*

Preferred contact *(please check)* ☐ Email ☐ Telephone ☐ Mail

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

Signed ______ Name *(please print)* ______ Date ______

Healthcare professional completing referral:

Signed ______ Name *(please print)* ______ Date ______

Organisation: ______

Phone No: ______ Email: ______