



Reference form

Client's name: _____

Date of birth: _____

Residential address: _____

Reference for: ☐ Consultation
☐ Pregnancy termination

Date of first interview: _____

The following information is only important in the case of pregnancy termination:

First day of last period: _____

Date of pregnancy test: _____

Blood group Rh factor: ☐ positive ☐ negative ☐ unknown

Relevant illnesses and medication/obstetric history/particulars:

If client wants to have IUD/IUS fitted, please bring the prescription in advance and have it fetched from the chemist.

General practitioner's stamp:

I would like to be given new reference forms

For more information, see
<https://abortuskliniek-amsterdam.nl/en/>

Call the following number for information and appointments:
+31 20 - 693 21 51
Monday to Friday, inclusive, from 9:00 a.m. to 4:30 p.m.