Cornerstone
Pregnancy Advice Centre
Care in Confidence

1a Trinity Place
Huntingdon
Cambridgeshire
PE29 3QA

01480 45 77 11
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 tick)

☐ Email ☐ Telephone ☐ 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 _____