

## Antenatal Clinic Self-referral Form

Please note on your first appointment you will need to provide proof of address, passport and NHS Number

<b>Date received by hospital (Hospital stamp)</b>	
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GP Practice Details

<b>First Name:</b>	<b>DOB and AGE:</b>
<b>Surname:</b>	<b>NHS No:</b>
<b>Previous name :</b>	<b>Tel. No:</b>
<b>Address:</b>	<b>Mobile:</b> (Appointment reminder text message may be sent to this number)
<b>Postcode:</b>	
<b>Ethnicity:</b>	Admin to confirm with client if contact details are correct
<b>Length of time in the UK:</b>	Yes No
<b>Client speaks &amp; understands English well</b> Yes No <b>If not interpreter must be present for booking</b> (It is not appropriate for a member of the family to interpret.)	<b>Language spoken if interpreter needed:</b>

<b>Number of pregnancies:</b> <b>GRAVIDA:</b> <b>PARITY:</b>	
<b>LMP (Last Period):</b>	<b>EDD (Expected Date of Delivery):</b>
<b>Current Gestation (in weeks):</b>	

Current Factors	Medical Factors	Previous obstetric history
No risks known /identified	No risks known /identified	No risks known /identified
Complex social factors Substance / alcohol misuse Obesity - BMI >=35 Underweight – BMI <=18 Physical disabilities	Mental health Hepatitis B or C Generic/inherited disorder Epilepsy requiring convulsions Hypertension	Pre-eclampsia, eclampsia, HELLP Fetal loss (2 <sup>nd</sup> / 3 <sup>rd</sup> trimester) Miscarriages Other
Twins or more	Asthma Diabetes/other endocrine Sickle cell disease / thalassaemia Other	

<b>Other past medical/Surgical History:</b>
<b>Allergies:</b> Yes      No <b>Details:</b>
<b>Other past Gynae/Obstetric History:</b> <b>Current medications:</b> <b>Medication</b>
<b>SOCIAL, MENTAL HEALTH or ADDITIONAL RISK FACTORS:</b> Child Protection: Yes   No      Domestic Violence: Yes   No      Substance Misuse; Yes   No
<b>Reason for woman presenting later than 12 weeks</b> (information required for Audit)

*If the client is more than 14 weeks pregnant and the early screening has been missed, an early appointment will be offered within two weeks.*

**Additional comments:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Client's signature** \_\_\_\_\_

**Staff collected by** \_\_\_\_\_

**(Office use, print name)**