**North Central London Maternity Services Referral Form**

**DATE OF REFERRAL:**

Please the corresponding box for the hospital the referral is being made to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Barnet & Chase Farm **Fax:** 020 8216 5136  **Tel:** 020 8216 5137  [antenatal@bcf.nhs.uk](mailto:antenatal@bcf.nhs.uk) |  | Edgware Birth Centre **Fax:** 020 8732 6773  **Tel:** 020 8732 6777/6669  [birthcentre.ech@bcf.nhs.uk](mailto:birthcentre.ech@bcf.nhs.uk?Subject=***%20BIRTH%20BOOKING%20REQUEST%20-%20from%20BCF%20Website%20***&Body=Please%20include%20your%20name,%20address%20and%20contact%20telephone%20number) |  | North Middlesex **Fax:** 020 8887 2934  **Tel:** 020 8887 2000 # 3055 | **Urgent: Yes / No**  **Specify:** |
| Royal Free **Fax:** 020 7830 2752  **Tel:** 020 7794 0500 # 36169 |  | UCLH **Fax:** 020 3447 9400  **Tel:** 020 3447 9754  [antenatalclinic@uclh.nhs.uk](mailto:antenatalclinic@uclh.nhs.uk) |  | Whittington **Fax:** 020 7288 5576  **Tel:** 020 7288 5586  [Whh-tr.maternityreferrals@nhs.net](mailto:Whh-tr.maternityreferrals@nhs.net) | **Office Use Only**  🞎 Urgent 🞎Routine  🞎 High Risk 🞎 Low Risk |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS** | | | | | |
| Surname:Surname  First Name:Calling Name  All previous surnames:Previous Surname | | | Title: Mrs/ Miss/ Ms/ Other  Date of Birth: Date of Birth Age:Age  NHS number: NHS Number | | |
| Address:Home Full Address (stacked)  Post Code:Home Address Postcode  Preferred contact tel no:Patient Mobile Telephone | | | Details of GP: (name, address, telephone and fax)  Registered GP Full Address (stacked) | | |
| Ethnicity: Ethnic Origin | | | Interpreter required: yes / no  Language:Main Language | | |
| Name and details of referrer if not GP:Current User | | **Signature:** | | | |
| LMP: | EDD: | | | Gestation (Wks): | |
| Past Obstetric history:  Past Gynaecological History:  Past Medical and Surgical History:  Significant psychological history: | | | Current medication:  Allergies:  Significant family history:  Social concerns and details of social worker if applicable: | | |
| Other comments (include letter if needed): | | | | | |
| **MEDICAL RISK ASSESSMENTS** | | | | | |
| Auscultation Heart: | | | Auscultation Lungs: | | |
| Weight (Kg):Weight | Height (cm):Height | | | | BMI:BMI |
| Alcohol History:Alcohol Consumption | | | Smoking history:Smoking | | |
| BP:Blood Pressure | | | Urine (protein and glucose): Urine Blood | | |

**The patient should be offered an appointment at the latest by 12/40 or within 2 weeks, if they are referred after 12/40.**