**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 5137antenatal@bcf.nhs.uk |  | Edgware Birth [ ] Centre**Fax:** 020 8732 6773**Tel:** 020 8732 6777/6669birthcentre.ech@bcf.nhs.uk  |  | 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 9754antenatalclinic@uclh.nhs.uk  |  | Whittington[ ] **Fax:** 020 7288 5576 **Tel:** 020 7288 5586Whh-tr.maternityreferrals@nhs.net | **Office Use Only**🞎 Urgent 🞎Routine🞎 High Risk 🞎 Low Risk |

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| **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.**