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	☐	**Edgware Birth Centre** **Fax:** 020 8732 6773 **Tel:** 020 8732 6777/6669 birthcentre.ech@bcf.nhs.uk	☐	**North Middlesex** **Fax:** 020 8887 2934 **Tel:** 020 8887 2000 # 3055	☐
Royal Free **Fax:** 020 7830 2752 **Tel:** 020 7794 0500 # 36169	☐	**UCLH** **Fax:** 0203 447 9354 **Tel:** 0203 447 9400 – 'Option 1' antenatalreferrals@uclh.nhs.uk	☐	**Whittington** **Fax:** 020 7288 5576 **Tel:** 020 7288 5586 Whh-tr.maternityreferrals@nhs.net	☐

Urgent: Yes ☐ / No ☐
Specify:

Office Use Only
☐ Urgent ☐Routine
☐ High Risk ☐ Low Risk

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS

Surname: First Name: All previous surnames:		Title: Date of Birth: Age: NHS number:
Address: Post Code: Preferred contact tel no:		Details of GP: (name, address, telephone and fax)
Ethnicity:		Interpreter required: yes☐ / no ☐ Language:
Name and details of referrer if not GP:		**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):	Height (cm):		BMI:
Alcohol History:		Smoking history:	
BP:		Urine (protein and glucose):	

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