

Maternity services - Self-referral form

Self-referrals are only accepted up to 33⁺⁶ weeks' gestation for singleton pregnancies (or up to 27⁺⁶ weeks' gestation for twin/multiple pregnancies)

We do not accept transfers of care for caesarean section unless medically indicated

Please email your completed referral to UCLH.antenatalreferrals@nhs.net and the team will contact you to arrange an appointment.

[FOR OFFICE USE ONLY] - Date referral received:

Surname: <i>Please detail any previous surnames</i>		
Forename(s):		
Date of birth:		
NHS number (if known):		
Your address:		Postcode:
Telephone:		
E-mail address:		
Preferred method of contact	Phone <input type="checkbox"/>	text <input type="checkbox"/> E-mail <input type="checkbox"/>
GP name and address:		
Next Of Kin:	Name:	
	Contact Number:	
	Relationship:	
Q1. Do you need an interpreter or British Sign Language (BSL) for your appointment? Yes / No <i>If 'Yes', state your preferred language:</i>		
Q2. Do you have any needs related to mobility, sight, hearing or anything else that we should be aware of? Yes / No		
Q3. Have you received any antenatal care from another hospital in this pregnancy? Yes / No <i>If 'Yes', which hospital?</i>		
Q4. Do you have any history of mental health? Yes / No <i>If 'Yes', Please provide further information</i>		

<p>Q5. First day of last menstrual period OR estimated due date:</p>	
<p>Q6. Are you taking folic acid? (All women are advised to take folic acid up to 14 weeks of pregnancy) Yes / No</p>	
<p>Q7. Are you a carrier of sickle cell or thalassaemia? Yes (see below) / No / Not tested</p>	
<p>Q8. Do you have sickle cell disease or a beta thalassaemia disorder Yes (see below) / No</p>	
<p>Are you expecting more than one baby (twins or more)? Yes / No / Not sure <i>If 'Yes', please state the number of babies:</i></p>	
<p>How would you describe yourself?</p>	
<p>WHITE:</p> <p><input type="checkbox"/> A - British</p> <p><input type="checkbox"/> B – Irish</p> <p><input type="checkbox"/> C - Any other white background</p>	<p>ASIAN OR ASIAN BRITISH:</p> <p><input type="checkbox"/> H - Indian</p> <p><input type="checkbox"/> J – Pakistani</p> <p><input type="checkbox"/> K – Bangladeshi</p> <p><input type="checkbox"/> L – Any other Asian background</p>
<p>MIXED:</p> <p><input type="checkbox"/> D – White and Black Caribbean</p> <p><input type="checkbox"/> E – White and Black African</p> <p><input type="checkbox"/> F – White and Asian</p> <p><input type="checkbox"/> G – Any other mixed background</p>	<p>BLACK OR BLACK BRITISH:</p> <p><input type="checkbox"/> M – Caribbean</p> <p><input type="checkbox"/> N – African</p> <p><input type="checkbox"/> P – Any other Black background</p>
<p>OTHER ETHNIC GROUPS:</p> <p><input type="checkbox"/> R – Chinese</p> <p><input type="checkbox"/> S – Any other ethnic group</p>	

The Fetal Medicine Unit should be **ONLY** be contacted by email (uclh.fmumidwife@nhs.net) or telephone (020 3447 6150) if you have answered YES to question 7 or 8. They will endeavour to contact you for more information.

Disclaimer

We share information with other professionals responsible for your care and will inform your GP that you have booked your maternity care with us.

Signed: Date: