Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Self-Registration Form for Maternity Care

Please complete all mandatory fields marked with *. Failure to do so may slow down the processing of your registration. Please share with us any information that you think is relevant to providing care for yourself or your baby. The answers you provide will allow us to pass your registration to the correct Midwifery or Obstetric Team; therefore it is essential that you share as much information as possible.

Registrations can also be made by calling your local community midwives' office on (Aylesbury) 01296 316120 or (High Wycombe) 01494 425172.

SELF REGISTRATION FORM	
Are you completing this form on behalf of someone else? Yes: ……. No: ……. If No, please continue to "mother's information"	If Yes, What is your name? …….. What is your relationship to the mother? ……. Does the mother need help from a translator? Yes: ……. No: ……. If yes, which language? …… What method of assistance does the mother require with communication, e.g. help with reading or through sign language? …… Please be aware we do not advise family or friends to translate on behalf of pregnant women during an appointment.
MOTHER'S INFORMATION	
Title: Ms / Mrs / Miss / Other …… Full Name*: Maiden Name (if applicable):	Address*: Postcode*:

Telephone Number*:	Email address:
Date of Birth*:	NHS Number (If known): (Available from your GP)
Name of GP Surgery*:	Name of GP*:
PREVIOUS PREGNANCY INFORMATION	
Total number of previous pregnancies (including the current pregnancy and any pregnancy loss)*:	Number of pregnancy losses less than 12 weeks: Number of pregnancy losses after 12 weeks:
Previous Birth Information: DoB: Place of Birth: Vaginal or Caesarean: Gestation at delivery: Is the child alive and well?: DoB: Place of Birth: Vaginal or Caesarean: Gestation at delivery: Is the child alive and well?: DoB: Place of Birth: Vaginal or Caesarean: Gestation at delivery: Is the child alive and well?: DoB: Place of Birth: Vaginal or Caesarean: Gestation at delivery: Is the child alive and well?:	Any complications during previous pregnancies or births?* Yes: ……. No: ……. If Yes, what issues did you encounter? Please give details below: (E.g. diabetes, raised blood pressure, obstetric cholestasis or excessive bleeding…..)
MEDICAL HISTORY	

Do you take regular medication?* Yes: ……. No: ……. If yes, please give details below:	Have you ever suffered with any mental health concerns, such as depression, anxiety?* Yes: ……. No: ……. If you answered "Yes", please give details below:
Have you ever experienced either of the following?* Diabetes: Yes: ……. No: ……. Thyroid problems: Yes: ……. No: ……. Height: ……. Weight: …….	If you answered "Yes" to any of the questions opposite, please give details below:
CURRENT PREGNANCY INFORMATION	
Do you know the date of the 1st day of your last period?* Yes: ……. No: ……. If yes, what was the 1st day of your last period?* ……./……./…….	Estimated Due Date (if known) ……./……./…….
Any information relating to this pregnancy or your past medical history that you think may be useful:	

Have you thought about where would you like to birth your baby?*

Home: ……. Wycombe Birth Centre: ……. Aylesbury Birth Centre: …….

Stoke Mandeville Hospital Labour Ward: …….

At a different NHS Trust, please state where: …….

SOCIAL HISTORY

Have you ever had support from a social or family support worker?* Yes: ……. No: …….	Do you smoke tobacco?* Yes: ……. No: …….. Do you currently drink more than 14 units of alcohol a week?* Yes: ……. No: ……. Have you ever taken recreational drugs?* Yes: ……. No: …….

If you answered "Yes" to any questions above, please give details below:

OFFICE USE ONLY

Date referral received: LMP: EDD: Date when 8/40:	Preferred place of birth: HB: ……. WBC: ……. ABC: ……. LW: ……. Booking appointment date and time:

THANK YOU FOR COMPLETING THE SELF-REGISTRATION FORM, YOU WILL BE CONTACTED WITHIN 10 WORKING DAYS OF MIDWIFERY NOTIFICATION

If you wish to speak to a Community Midwife prior to your booking appointment, or if you have not been contacted within 10 working days, please contact your local office on (Aylesbury) 01296 316120 or (High Wycombe) 01494 425172/3 Monday – Friday 8:30 - 16:30.

In preparation for your booking appointment please download the "Mum & Baby" app, as this will form part of your care package. The app can be downloaded to any Apple or Android device and is free of charge.