

North Central London Maternity Services Referral Form

DATE OF REFERRAL:

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

<p>Barnet & Chase Farm <input type="checkbox"/></p> <p>Fax: 020 8216 5136</p> <p>Tel: 020 8216 5137</p> <p>antenatal@bcf.nhs.uk</p>	<p>Edgware Birth Centre <input type="checkbox"/></p> <p>Fax: 020 8732 6773</p> <p>Tel: 020 8732 6777/6669</p> <p>birthcentre.ech@bcf.nhs.uk</p>	<p>North Middlesex <input type="checkbox"/></p> <p>Fax: 020 8887 2934</p> <p>Tel: 020 8887 2000 # 3055</p>	<p>Urgent: Yes / No</p> <p>Specify:</p>
<p>Royal Free <input type="checkbox"/></p> <p>Fax: 020 7830 2752</p> <p>Tel: 020 7794 0500 # 36169</p>	<p>UCLH <input type="checkbox"/></p> <p>Fax: 020 3447 6195</p> <p>Tel: 020 3447 9400</p> <p>antenatalclinic@uclh.nhs.uk</p>	<p>Whittington <input type="checkbox"/></p> <p>Fax: 020 7288 5576</p> <p>Tel: 020 7288 5586</p> <p>Whh-tr.maternityreferrals@nhs.net</p>	<p>Office Use Only</p> <p>Urgent Routine</p>

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS	
Surname: Surname	Title: Mrs <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Other <input type="checkbox"/>
First Name: Calling Name	Date of Birth: Date of Birth Age: Age
All previous surnames: Previous Surname	NHS number: NHS Number
Address: Home Full Address (stacked)	Details of GP: (name, address, telephone and fax)
Post Code: Home Address Postcode	Registered GP Full Address (stacked)

Preferred contact tel no:Patient Mobile Telephone		
Ethnicity: Ethnic Origin		Interpreter required: yes <input type="checkbox"/> / no <input type="checkbox"/> Language:Main Language
Name and details of referrer if not GP:Current User		Signature:
LMP:	EDD:	Gestation (Wks):
Past Obstetric history:		Current medication:
Past Gynaecological History:		Allergies:
Past Medical and Surgical History:		Significant family history:
Significant psychological 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.