

North Central London Maternity Services Referral Form

DATE OF REFERRAL:

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

<p><u>Barnet & Chase Farm</u> Fax: 020 8216 5136 Tel: 020 8216 5137 antenatal@bcf.nhs.uk</p>	<p><u>Edgware Birth Centre</u> Fax: 020 8732 6773 Tel: 020 8732 6777/6669 birthcentre.ech@bcf.nhs.uk</p>	<p><u>North Middlesex</u> Fax: 020 8887 2934 Tel: 020 8887 2000 # 3055</p>
<p><u>Royal Free</u> Fax: 020 7830 2752 Tel: 020 7794 0500 # 36169</p>	<p><u>UCLH</u> Fax: 0203 447 9354 Tel: 0203 447 9400 - 'Option 1' antenatalclinic@uclh.nhs.uk</p>	<p><u>Whittington</u> Fax: 020 7288 5576 Tel: 020 7288 5586 Whh-tr.maternityreferrals@nhs.net</p>

Urgent: Yes / No Specify:

Office Use Only
 Urgent Routine
 High Risk Low Risk

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS		
Surname:		Title: Mrs/ Miss/ Ms/ Other
First Name:		Date of Birth: Age:
All previous surnames:		NHS number:
Address:		Details of GP: (name, address, telephone and fax)
Post Code:		
Preferred contact tel no:		
Ethnicity:		Interpreter required: yes / no Language:
Name and details of referrer if not GP:		Signature:
LMP:	EDD:	Gestation (Wks):
Past Obstetric history:		Current medication:
Past Gynaecological History:		
Past Medical and Surgical History:		
Significant psychological history:		
		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.