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| North London Partners (NLP) accepts referrals for women who live in NLP area. If they do not live in NLP area they must have a GP in NLP area.  |
| Please underline borough of residence;Barnet Camden Enfield Haringey Islington |
| If woman is not resident of NLP area please underline borough of GP |
| Please underline borough of residence;Barnet Camden Enfield Haringey Islington |

Top of Form

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| [ ]  Antenatal  |
| Expected Delivery Date (EDD): | Weeks pregnant:  |
| Booking / Delivery Site: (please underline)Whittington / UCLH / North Middlesex / Royal Free/ Barnet/ Other (If other please name); |
| [ ]  Postnatal |
| Date baby was born:  |
| [ ]  Pre-Conception Advice |

Bottom of Form

Please select referral type;

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| Personal details (please enter details legibly in block capitals) |
| First name: Surname: |
| NHS number: Date of Birth: Age: |
| Address: Postcode: Borough: |
| Email:  | Contact by email Yes / No |
| Is this address permanent? Yes / No  | Marital status: |
| Contact numbers: | Contact by text? Yes / No  |
| Interpreter required? Yes / No | Preferred language:  |
| Ethnicity:  | Nationality: |
| GP details (please enter details legibly in block capitals) |
| Name: |
| Address: Postcode: |
| Telephone: Email: |
| Referrer details (please enter details legibly in block capitals) |
| Name: Job Title / Team:  |
| Address: Postcode: |
| Telephone : Email: |
| Reason for referral (brief summary of problems). Include current mental state and substance use |
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| Is the patient aware of this referral? Yes / No | Consent given? Yes / No |
| Children: (Include full names & DOBs) |
| First Name: | Surname: | M/F: | DOB | Where living: | Who with: |
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| Medical History (Y or N or not known). Include details of allergies, relevant personal or family medical history. |
| Medical Problems |  | Details: |
| Currently taking medication |  |

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| Psychiatric History. (Include family history if known) |
| Past history of mental illness Yes / No | Details (*contacts for all professionals involved, e.g. care coordinator, consultant psychiatrist*) |
| Past history of substance misuse Yes / No |
| Family history of mental illness Yes / No |
| History of learning disabilities Yes / No |
| Any Previous Diagnosis |
|  |
| Obstetric history |
| Obstetrician:  | Named midwife: | Next appointment: |
| Previous pregnancies  | Gravida (number of pregnancies): |  | Parity (number of deliveries): |  |
| Feelings towards pregnancy / baby:  |
| Potential Stressors (detail problems in the areas listed - Y or N or not known)  |
| History of stillbirth / late miscarriage/ traumatic birth |  | Details: |
| Social stressors e.g. employment, financial /debts, housing / homelessness |  |
| Relationship stressors e.g. domestic violence, partner, family, friends  |  |
| Social support (or lack of) |  |
| Other |  |
| Known Risks (detail any evidence of risk in the areas listed - Y or N or not known)  |
| Dangerousness / risk to others |  | Details: |
| Risk of self-harm / Self-neglect |  |
| Known to social services  |  |
| Safeguarding Adults / Vulnerability  |  |
| Safeguarding or child protection concerns |  |
| Signature of referrer: Date: |

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| **This is not an emergency service**For **emergency help** call 999 or direct people to mental health liaison at their local A&E department. For **urgent help** refer to the local crisis team: **Camden & Islington** 020 3317 6333 **Barnet** 020 8702 4040**Enfield** 020 8702 3800 **Haringey** 020 8702 6700 |