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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;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |
|  | | | | | | |
| 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 |