**General Practice REFERRAL form for ANTENATAL CARE**

**To be completed by GP**

Whipps Cross [ ]  Newham [ ]  Royal London [ ]  BHRUT [ ]  Homerton [ ]

|  |  |
| --- | --- |
| **First contact with General Practice (for pregnancy)** |  |
| **Date of referral to hospital** |  |
| **Reason for referral later than 9+6 weeks** |  |
| **Date referral received by hospital** |  |

**GP Practice Details:**

**Consultant: *(for office use only)***

**Hospital Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date woman will be 9+6** Weeks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **First Name:**  | **DOB: AGE:**  |
| **Surname:**  | **NHS No:**  |
| **Previous name** | **Tel. No/ Mobile (Appointment reminder may be text to this number)** |
| **Address:** **Postcode**  | **Email address**  |
| **Ethnicity** **Length of time in the UK** | **Please confirm contact details are correct with woman** **Yes [ ]  No** **[ ]**  |
| **Woman speaks & understands English well Yes [ ]  No [ ]** ***If not interpreter must be present for booking*****(It is not appropriate for a member of the family to interpret.)** | **Language spoken if interpreter needed** |

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| --- | --- | --- | --- |
| GRAVIDA: | PARITY: | LMP: | Current Gestation |
| EDD :By scan / by date (please circle) |  | Current BP |
| Height : cm  | Weight: \_\_\_\_\_\_\_\_\_\_\_\_ Kg | BMI:  |
| Smoker Yes[ ]  No [ ]  | **ALLERGIES: Yes [ ]  No [ ]  Details:** |
| Is this an IVF pregnancy? Yes[ ]  No [ ]  |

**Risk Factors identified YES [ ]  (see table below for more details)**

 **NO [ ]**

|  |  |  |
| --- | --- | --- |
| Medical / Surgical Factors | Obstetric Factors | Mental Health |
| **[ ]** Obesity - BMI>=35 [ ]  Underweight – BMI <=18 [ ]  Physical disabilities [ ]  Hepatitis B or C [ ]  Generic/inherited disorder [ ]  Epilepsy requiring convulsants [ ]  Hypertension [ ]  Venous thromboembolic disease [ ]  Auto immune disease [ ]  Rhesus isoimmunisation/other [ ]  Significant blood group antibodies [ ]  Previous uterine surgery (excluding c section[ ]  Uterine anomaly[ ]  Hypothyroidism [ ]  Hyperthyroidism[ ]  Pre-existing diabetes[ ]  Hypertension [ ]  Cardiac condition[ ]  Previous cervical surgery | [ ]  Twins or more [ ]  Pre eclampsia, eclampsia, HELLP [ ]  Placenta accrete **[ ]** Puerperal psychosis [ ]  Term baby <2.5kg or > 4.5kg **[ ]**  Intrauterine growth restriction **[ ]** Fetal loss (2nd / 3rd trimester) **[ ]** Neonatal death / stillbirth **[ ]** 3 or more consecutive miscarriages **[ ]** Early pre term birth (<34weeks) [ ]  Fetal congenital anomaly **[ ]** Previous fetal congenital anomaly that required specialist fetal medicine [ ]  Previous caesarean section in 2nd stage of labour (fully dilated)  | History of:[ ]  Anxiety[ ]  Depression[ ]  Mental Health Condition (please describe)  |
| **Please specify here if any of the condition on this table has been selected**: |
| **Safeguarding and/or Social Factors** |
| * Child Protection: Yes [ ]  No [ ]
* Domestic Violence/abuse: Yes [ ]  No [ ]
* Substance Misuse: Yes [ ]  No [ ]
* Alcohol Misuse: Yes [ ]  No [ ]
* Learning Difficulties/Disabilities: Yes [ ]  No [ ]
* FGM: Yes [ ]  No [ ]
* Complex social factors [ ]
* Age <19 [ ]

**Please expand if any of the above:*** Does the woman’s partner have a history of mental health problems Yes [ ]  No [ ]

Details: |

|  |
| --- |
| **Family History** |
| Any relevant family history: Yes [ ]  No [ ]  Details: |
| Consanguinity: Yes [ ]  No [ ]  |
| Genetic Yes [ ]  No [ ] Details: |

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| --- |
| **Medications** |
| * **Healthy Start Information Given**  Yes [ ]  No [ ]
* **Anticoagulation (ie enoxaparin)** Yes [ ]  No
* **Vitamin D commenced**  Yes [ ]  No [ ]
* **Folic Acid**

 **400mcg**[ ]  **5mg** [ ]   **NO** [ ] * **High risk of Pre-eclampsia**  Yes [ ]  No [ ]
* **Have you given Aspirin 75mg (daily from 12 weeks gestation)** Yes [ ]  No [ ]
* Advise women at **high risk of pre-eclampsia to take** **75 mg of aspirin**\* daily from 12 weeks until the birth of the baby.

(\*Unlicensed – obtain and document informed consent) **Women at high risk are those with any of the following:**– Hypertensive disease during a previous pregnancy – Chronic kidney disease– Autoimmune disease such as systemic lupus erythematosis or antiphospholipid syndrome– Type 1 or type 2 diabetes – Chronic hypertension**Any Other Medication:****Known drug allergies:** |

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| --- | --- | --- |
|  | Telephone | Email |
| Whipps Cross |  |  |
| Newham |  |  |
| Royal London |  |  |
| BHRUT | 0208 970 5757 | bhrccgs.antenatalreferrals@nhs.net |
| Homerton | 0208 510 5955 |  huh-tr.antenatalreferrals@nhs.net |