**General Practice REFERRAL form for ANTENATAL CARE**

**To be completed by GP**

Whipps Cross  Newham  Royal London  BHRUT  Homerton

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **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**

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| --- | --- | --- |
| 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: | | |

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| **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 |