Barts Health NHS
NHS Trust

**NEWHAM HOSPITAL**

# Antenatal Clinic Self-referral Form

**Additional comments:**

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| Please note on your first appointment you will ned to provide proof of address and passport and NHS Number |

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|---|---|---|
| GP Practice Details:<br>**DR N DRIVER AND PARTNERS**<br>**Lord Lister Health Centre**<br>**121 Woodgrange Road**<br>**Forest Gate**<br>**London**<br>**E7 0EP**<br>Tel: **02082507510**<br>E-mail: | **Date received by hospital (Hospital stamp)** | |

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

| | | |
|---|---|---|
| Number of pregnancies:<br>How many times have you been pregnant before:<br>How many children do you have? | | |
| Last Period: | Expected date of delivery: | Current Gestation: |
| You can use http://www.nhs.uk/conditions/pregnancy-and-baby/pages/due-date-calculator.aspx to calculate your due date. | | |

| **Current Factors** | | **Medical Factors** | | **Previous obstetric history** | |
|---|---|---|---|---|---|
| No risks known /identified | ☐ | No risks known /identified | ☐ | No risks known /identified | ☐ |
| Complex social factors | ☐ | Mental health | ☐ | Pre-eclampsia, eclampsia, HELLP | ☐ |
| Substance / alcohol misuse | ☐ | Hepatitis B or C | ☐ | Fetal loss (2nd / 3rd trimester) | ☐ |
| Obesity - BMI>=35 | ☐ | Generic/inherited disorder | ☐ | Miscarriages | ☐ |
| Underweight – BMI <=18 | ☐ | Epilepsy requiring convulsions | ☐ | Other | ☐ |
| Physical disabilities | ☐ | Hypertension | ☐ | | |
| Twins or more | ☐ | Asthma | ☐ | | |
| | | Diabetes/other endocrine | ☐ | | |
| | | Sickle cell disease / thalassaemia | ☐ | | |
| | | Other | ☐ | | |

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|---|
| Allergies: |
| Current medications**:** |
| **SOCIAL, MENTAL HEALTH or ADDITIONAL RISK FACTORS:**<br><br>Are your children on the child protection register: **Yes** ☐ **No** ☐<br>Have you been subjected to any domestic violence: **Yes** ☐ **No** ☐<br>Have you had any drug and alcohol problems: **Yes** ☐ **No** ☐ |

***If a woman is 14 weeks+ and early screening has been missed, an early appointment will be offered within two weeks.***

**Date: 29-Dec-2017**

**Patient signature:** _____

**Staff collected by:** _____

**(Hospital use only, print name)**

**NOTE:**
**PLEASE TAKE OR POST THIS FORM TO**

**ANTENATAL DEPARTMENT**
**NEWHAM HOSPITAL**
**GLEN ROAD, PLAISTOW**
**LONDON, E13 8SL**