

MATERNITY CARE REFERRAL FORM FOR ANTENATAL CARE

To be completed by GP unless this is a self-referral. To be completed in black ink

Whipps Cross Newham GROUP PRACTICE Royal London BHRUT Homerton

Please state reason for not referring to your main maternity provider

GP Practice Details: Sir Ludwig Guttmann Health Centre 40 Liberty Bridge Road Stratford London Greater London E20 1AS Tel No: 02084967000	1st contact with GP/ MW	2/5/17	Consultant : (for office use only) Hospital Number:
	Date of referral to hospital	2/5/17	
	Date received by hospital		
First Name: Rebecca Fax No:	DOB and AGE: 13-Oct-1986 , 30y		
Surname: Richards	NHS No: 618 670 7547		
Previous name:	Tel. No: 07983550631		
Address and post code: 19A Grove Green Road London E11 4EG	Mobile (Appointment reminder may be text to this number): 07983550631		
Ethnicity: White British Length of time in the UK:	Please confirm contact details are correct with woman Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Woman speaks & understands English well Yes <input type="checkbox"/> No <input type="checkbox"/> No events found. If not interpreter must be present for booking	Language spoken if interpreter needed Main spoken language English		

(It is not appropriate for a member of the family to interpret.)	
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Please confirm that the patients' information is correct

Clinical Information

Number of pregnancies, GRAVIDA: G1	Details of other pregnancies, births and child health outcomes PARITY: P0	Current BP: 106/66 Blood Pressure <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Description</th> <th style="text-align: left;">Value</th> <th style="text-align: left;">Units</th> </tr> </thead> <tbody> <tr> <td>18- Jan- 2015</td> <td>O/E - blood pressure reading</td> <td>99/61</td> <td>mmHg</td> </tr> <tr> <td>18- Sep- 2014</td> <td>O/E - blood pressure reading</td> <td>101/68</td> <td>mmHg</td> </tr> <tr> <td>17- Jun- 2014</td> <td>O/E - blood pressure reading</td> <td>110/66</td> <td>mmHg</td> </tr> <tr> <td>04- Mar- 2013</td> <td>O/E - blood pressure reading</td> <td>108/65</td> <td>mmHg</td> </tr> <tr> <td>27- Sep- 2012</td> <td>O/E - blood pressure reading</td> <td>110/78</td> <td>mmHg</td> </tr> <tr> <td>20- Apr- 2012</td> <td>O/E Blood Pressure Reading</td> <td>100/60</td> <td>mm Hg</td> </tr> <tr> <td>07- Nov- 2011</td> <td>O/E Blood Pressure Reading</td> <td>121/75</td> <td>mm Hg</td> </tr> <tr> <td>03- Oct- 2011</td> <td>O/E Blood Pressure Reading</td> <td>113/69</td> <td>mm Hg</td> </tr> </tbody> </table>	Date	Description	Value	Units	18- Jan- 2015	O/E - blood pressure reading	99/61	mmHg	18- Sep- 2014	O/E - blood pressure reading	101/68	mmHg	17- Jun- 2014	O/E - blood pressure reading	110/66	mmHg	04- Mar- 2013	O/E - blood pressure reading	108/65	mmHg	27- Sep- 2012	O/E - blood pressure reading	110/78	mmHg	20- Apr- 2012	O/E Blood Pressure Reading	100/60	mm Hg	07- Nov- 2011	O/E Blood Pressure Reading	121/75	mm Hg	03- Oct- 2011	O/E Blood Pressure Reading	113/69	mm Hg								
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Last menstrual period -1st day : 1/3/17	EDD: 6/12/17	Current Gestation: 8+6/40																																												
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18- Jan-2015	O/E - height	162	cm	18- Jan-2015	O/E - weight	53.4	kg	18- Jan-2015	Body mass index	20.35
20- Apr-2012	O/E height	161.5	cm	18- Sep-2014	O/E - weight	50	kg	18- Sep-2014	Body mass index	19.2
07- Nov-2011	O/E height	161.5	cm	17- Jun-2014	O/E - weight	50	kg	17- Jun-2014	Body mass index	19.2
03- Oct-2011	O/E height	161.5	cm	04- Mar-2013	O/E - weight	52	kg	04- Mar-2013	Body mass index	19.9
m				20- Apr-2012	O/E - weight	50	Kg	20- Apr-2012	! Body mass index	19.2
				07- Nov-2011	O/E - weight	53	Kg	07- Nov-2011	! Body mass index	20.3
				03- Oct-2011	O/E - weight	53	Kg	03- Oct-2011	! Body mass index	20.3
				kg						
(If BMI ≥30 start 5mg folic acid)										

GESTATION CATEGORIES BY PRIORITY ORDER (This will allow booking of relevant scans)

Priority 1 (11 weeks +6 days to 12 weeks+ 6 days) Priority 2 (7 weeks to 10 weeks + 6 days) Priority 3 (0 weeks to 6 weeks + 6 days) *If a woman is 14 weeks+ and early screening has been missed, an early appointment will be offered within two week*

	Standard care	Intermediate care	Intensive care
Current Factors	No risks known /identified	Complex social factors <input type="checkbox"/> Substance / alcohol misuse <input type="checkbox"/> Obesity - BMI>=35 <input type="checkbox"/> Underweight – BMI <=18 <input type="checkbox"/> Physical disabilities <input type="checkbox"/>	Twins or more <input type="checkbox"/>

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Medical Factors	No risks known /identified	Mental health <input type="checkbox"/> Hepatitis B or C <input type="checkbox"/> Generic/inherited disorder <input type="checkbox"/> Epilepsy requiring convulsants <input type="checkbox"/> Hypertension <input type="checkbox"/> Previous uterine surgery <input type="checkbox"/> (excluding c section)	Cardiovascular disease <input type="checkbox"/> Renal disease <input type="checkbox"/> Severe (brittle) asthma <input type="checkbox"/> HIV <input type="checkbox"/> Malignant disease <input type="checkbox"/> Diabetes/other endocrine <input type="checkbox"/> Sickle cell disease / thalassaemia <input type="checkbox"/> Thrombophilia/clotting disorder <input type="checkbox"/> Venous thromboembolic disease <input type="checkbox"/> Auto immune disease <input type="checkbox"/> Rhesus isoimmunisation/other significant blood group antibodies <input type="checkbox"/>
Previous obstetric history	No risks known /identified	Pre eclampsia, eclampsia, HELLP <input type="checkbox"/> Placenta accrete <input type="checkbox"/> Puerperal psychosis <input type="checkbox"/> Term baby <2.5kg or > 4.5kg <input type="checkbox"/> Intrauterine growth restriction <input type="checkbox"/> Fetal loss (2 nd / 3 rd trimester) <input type="checkbox"/> Neonatal death / stillbirth <input type="checkbox"/> 3 or more consecutive miscarriages <input type="checkbox"/> Early pre term birth (<34weeks) <input type="checkbox"/> Fetal congenital anomaly <input type="checkbox"/>	Previous fetal congenital anomaly that required specialist fetal medicine <input type="checkbox"/>

Please confirm that the clinical information is correct Social/Family History

Family History: Complex Needs: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Consanguinity: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Genetic: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details:	Allergies: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details: Allergies Mental Health History: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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	Details:
Other past Gynae/Obstetric History:	Other past medical/Surgical History:
Current medications: Medication	
SOCIAL, MENTAL HEALTH or ADDITIONAL RISK FACTORS: Please ensure you complete this section: Child Protection: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Domestic Violence: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Substance Misuse; Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Learning Difficulties/Disabilities: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details: Does the woman's partner have a history of mental health problems Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details: Please add below other relevant information:	
Patient presenting at 12 weeks + <input type="checkbox"/> Reason for woman presenting later than 12 weeks (information required for Audit)	

Please confirm that the social/family history is correct

Haemoglobinopathy Status if known: Women's Status:	Hepatitis B Status if known: Women's Status:
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Partner's Status:	Partner's Status:
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Vitamin D Commenced? Yes No Folic Acid 400mcg/5mg 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 erythematosus or antiphospholipid syndrome
- Type 1 or type 2 diabetes – Chronic hypertension
- Or any 2 of: primigravida, age 40 or more, pregnancy interval 10 years or more, BMI 35 or more, a family history of PET or multiple pregnancy

Yours Sincerely _____ Dr Mark Perera _____ GP PN MW Self-Referral

If self-referral please fax back to the GP for any further history / information date fax sent _____

	Fax	Telephone	Choose & Book	Email
Whipps Cross	0208 535 6841	0208 539 5522 ext: 5044/5045/5831	Not available	Not available
Newham	0207 363 8444	0207 363 9015	Available to Newham GP's	Not available
Royal London	0203 594 2574	020 3594 2573	Not available	Not available
BHRUT	0208 970 8004	0208 970 5757	Not available	Not available
Homerton	0208 510 7339	0208 510 5955	Not Available	homerton.antenatal@nhs.net

If the patient has any active problems they will show below: