

# North Central London Maternity Services Referral Form

## DATE OF REFERRAL:

Please ✓ the corresponding box for the hospital the referral is being made to:

<p><b><u>Barnet &amp; Chase Farm</u></b>                  Fax: 020 8216 5136                  Tel: 020 8216 5137  <a href="mailto:antenatal@bcf.nhs.uk">antenatal@bcf.nhs.uk</a></p>	<p><b><u>Edgware Birth Centre</u></b>                  Fax: 020 8732 6773                  Tel: 020 8732 6777/6669  <a href="mailto:birthcentre.ech@bcf.nhs.uk">birthcentre.ech@bcf.nhs.uk</a></p>	<p><b><u>North Middlesex</u></b>                  Fax: 020 8887 2934                  Tel: 020 8887 2000 # 3055</p>
<p><b><u>Royal Free</u></b>                  Fax: 020 7830 2752                  Tel: 020 7794 0500                  # 36169</p>	<p><b><u>UCLH</u></b>                  Fax: 0203 447 9354                  Tel: 0203 447 9400 - 'Option 1'  <a href="mailto:antenatalreferrals@uclh.nhs.uk">antenatalreferrals@uclh.nhs.uk</a></p>	<p><b><u>Whittington</u></b>                  Fax: 020 7288 5576                  Tel: 020 7288 5586  <a href="mailto:Whh-tr.maternityreferrals@nhs.net">Whh-tr.maternityreferrals@nhs.net</a></p>

**Urgent: Yes / No Specify:**

**Office Use Only**  
 Urgent    Routine  
 High Risk    Low Risk

**PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS**

Surname:		Title: Mrs/ Miss/ Ms/ Other	
First Name:		Date of Birth:	Age:
All previous surnames:		NHS number:	
Address:		Details of GP: (name, address, telephone and fax)	
Post Code:			
Preferred contact tel no:			
Ethnicity:		Interpreter required: yes / no	
Name and details of referrer if not GP:		Language:	
		<b>Signature:</b>	
LMP:	EDD:	Gestation (Wks):	
Past Obstetric history:		Current medication:	
Past Gynaecological History:		Allergies:	
Past Medical and Surgical History:		Significant family history:	
Significant psychological history:		Social concerns and details of social worker if applicable:	

Other comments (include letter if needed):

**MEDICAL RISK ASSESSMENTS**

Auscultation Heart:		Auscultation Lungs:	
Weight (Kg):	Height (cm):	BMI:	
Alcohol History:		Smoking history:	
BP:		Urine (protein and glucose):	

**The patient should be offered an appointment at the latest by 12/40 or within 2 weeks, if they are referred after 12/40.**