

MATERNITY SERVICE SELF-REFERRAL FORM

[Paper version for those unable to complete and submit online]

If you are pregnant and require maternity services, you can self-refer to our hospital using the form below. It is important you receive maternity care early in your pregnancy, so please complete our form as soon as you find out that you are pregnant.

Please complete all fields to your best knowledge. It is important that you provide your name, date of birth, address and contact details so that we can quickly get in touch with you to talk about your pregnancy and the care.

About you:		
Last name*	First name*	Known as
Date of birth* (dd/mm/yy)	T HOT HALL	Tario III. do
Title (Mr, Mrs, Ms, Dr)		
True (Wir, Wiro, Wo, Dr)		
Is your gender the same as your sex assigned at birth? Yes/No	How would you describe your gender?	How would you describe your sexual orientation?
If you wish, share your pronouns (e.g. she, her, he, him, they, them)		
Your ethnicity – please tick* ✓:	Asian – Any other Asian background Asian or Asian British – Bangladeshi Asian or Asian British – Indian Asian or Asian British – Pakistani Black – any other Black background Black or Black British – African Black or Black British – Caribbean Mixed – Any other Mixed background Mixed – White and Asian Mixed – White and Black African Mixed – White and Black Caribbean Other – any other Ethnic group Other – Chinese White – Any other White background White – British White – Irish Prefer not to say	
Mobile telephone number*	Alternative telephone number	May we contact you by text message?* Yes/No
Email address		
NHS Number if known		
You can find information on how to obtain your NHS number here (https://www.nhs.uk/nhs-services/online-services/find-nhs-number/)		
Please complete all address fields in full so that we can contact you as quickly as possible about your treatment at our London hospitals.		
House number or house name*		
First line of address*		
Town/city*		
Country*		
Post code* (e.g. W12 0HS)		
How long have you lived here? Are you a UK resident*? Yes/No	Read this link to understand why we ask (https://www.birthrights.org.uk/wp-content	
	FINAL.pdf)	,
Are you a refugee or asylum seeker* Yes/No		
Do you read and write English*? Yes/No	Do you require a translator or British Sign Language*? Yes/No	The NHS does not recommend use of family members to translate.

^{*}Denotes required information.

Let us know any dates you are unable to attend for your first appointment		
Do you have any mobility, sight, hearing or other particular need that we should be aware of?* If yes, please tell us more.		
Yes/No		
Your support network:		
Emergency contact number*		
Next of kin name*		
Their relationship to you*		
GPs name*		T
GP surgery address and phone		
number* Are you a member of the Armed		
Forces community? Yes/No		
Pregnancy and maternity history:		
What was the date of the first day of your last period?*	//20 (dd/mm/yyyy)	
Is this an IVF pregnancy?* Yes/No	(
If yes, what was the date of embryo transfer*?	/20 (dd/mm/yyyy)	
How many weeks pregnant are you		
now?* How many babies are you expecting?*	or don't know (circle)	
Have you antenatal care elsewhere in	, ,	
this pregnancy?* If yes, where? Yes/No		
Is this the first time you have been pregnant?* Yes/No		
If no, please answer questions below		
Number of vaginal births:		
Number of caesarean births: Number of instrumental births		
(e.g. ventouse, kiwi cup, forceps):		
Have you given birth to a live baby		
BEFORE 37 weeks? If so, how many weeks pregnant were you?		
,		
We understand the followina auestions m	l nay be difficult for you, but your answers w	ill help us to provide the best care during
this pregnancy.	• • •	, , , , , , , , , , , , , , , , , , ,
Have you ever had a termination of pregnancy? If yes, please give details	Yes/No	
Have you ever lost (miscarried) a baby before 12 weeks gestation? If yes,	Yes/No	
please give details		
Have you had any babies that were	Yes/No	
stillborn? How many weeks pregnant were you? Please give details		
Have you had any babies born alive,	Yes/No	
who have since died? How old were they?		
Did you have any medical problems in	Yes/No	
a previous pregnancy, during labour, or		
after the birth of your baby (e.g. gestational diabetes, high blood		
pressure, pre-eclampsia, itching,		
severe bleeding)? Please give as much detail as you can.		
Do you or your partner have a family	Yes/No	
history of congenital disorders, learning		
problems, or other medical genetic problems? Please give details.		

De you have a long-term medical or mental health condition? Yes/No. If you have any of the following conditions, please tick: Ves heart condition a.g. birth defect heart condition and well-birth defect heart condition and birth defect heart condition? If so, please list all the medicalitons and dosages here, holding any supplements (vitamins) Personal circumstances: we understand that these questions are sensitive. Please answer honestly so that we can arrange extra support where medications and dosages here, holding any supplements (vitamins) Personal circumstances: we understand that these questions are sensitive. Please answer honestly so that we can arrange extra support where medications and dosages here, holding any supplements (vitamins) Personal circumstances: we understand that these questions are sensitive. Please answer honestly so that we can arrange extra support where necessary for you and your failers). Have you ever used recreational drugs? If yes, describe what drugs you use(d) and how often. Is there anything else you think we should know in order to support you during pregnancy, birth or after the baby is born? Preferences for care: Your first midwile appointment will either be at a clinic in the hospital or in a community centre. At this appointment you can do your flamily. You can ex	Your medical history*:		
mental health condition? Yes/No. The AHS personnends a daily dose (400 mg) of Epilir Acid. Some people may need a higher dose Find our more by reading the link. (https://www.nts.uk/pragnancy/keaping-welfv/tamins). Are you taking medication for any medical or mental health condition? If so, please list lat the medications and dosages here. (including any supplements; (valamins). Personal circumstances: we understand that these questions are sensitive. Please answer honestly so that we can arrange extra support where necessary for you and your family. Have you ever used recreational drugs? If yes, describe what drugs you use(d) and how often. Is there anything also you which ke should know in order to support you during pregnancy, birth or after the baby is born? Preferences for care: Your first midwite appointment will either be at a clinic in the hospital or in a community centre. At this appointment you and circumstances for care: Your first midwite appointment will either be at a clinic in the hospital or in a community centre. At this appointment you can discuss where you would like to give birth. Our teams across both hospital sizes and the community work together as one maternity service to deliver the best quality of care for you and your family. Personal circumstances we understand that these questions are sensitive. Please answer honestry so that we can arrange extra support where necessary for you and your family. Have you ever used recreational drugs? If yes, describe what drugs you use(d) and how often. Is there anything alse you think we should know in order to support you during pregnancy, birth or after the baby is born? Preferences for care: Your first midwite appointment will either be at a clinic in the hospital or in a community centre. At this appointment you can discuss where you would prefer to have your pregnancy care, as well as where you would like to give birth. Our teams across both hospital sizes and the community work together as one maternity service to deliver the bes	Do you have a long-term medical or	Use this space to give further information if you wish	
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