

## 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.

\*Denotes required information.

<i>About you:</i>		
Last name*	First name*	Known as
Date of birth* (dd/mm/yy)		
Title (Mr, Mrs, Ms, 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		
<i>You can find information on how to obtain your NHS number here (<a href="https://www.nhs.uk/nhs-services/online-services/find-nhs-number/">https://www.nhs.uk/nhs-services/online-services/find-nhs-number/</a>)</i>		
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	<i>Read this link to understand why we ask this question. (<a href="https://www.birthrights.org.uk/wp-content/uploads/2021/08/NHS-charging-FINAL.pdf">https://www.birthrights.org.uk/wp-content/uploads/2021/08/NHS-charging-FINAL.pdf</a>)</i>	
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 If yes, which language?	<i>The NHS does not recommend use of family members to translate.</i>

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		
<i>Your support network:</i>		
Emergency contact number*		
Next of kin name*		
Their relationship to you*		
<i>GPs name*</i>		
GP surgery address and phone number*		
Are you a member of the Armed Forces community? Yes/No		
<i>Pregnancy and maternity history:</i>		
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?		
<i>We understand the following questions may be difficult for you, but your answers will help us to provide the best care during this pregnancy.</i>		
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, please give details	Yes/No	
Have you had any babies that were stillborn? How many weeks pregnant were you? Please give details	Yes/No	
Have you had any babies born alive, who have since died? How old were they?	Yes/No	
Did you have any medical problems in 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.	Yes/No	
Do you or your partner have a family history of congenital disorders, learning problems, or other medical genetic problems? Please give details.	Yes/No	

<i>Your medical history*:</i>	
Do you have a long-term medical or mental health condition?* Yes/No	Use this space to give further information if you wish.
If you have any of the following conditions, please tick: ✓	
heart condition e.g. birth defect	
high blood pressure	
kidney condition e.g. recurrent urinary tract infections	
stomach, bowel or liver condition e.g. inflammatory bowel disease	
blood condition e.g. sickle cell, thalassaemia, blood clots	
endocrine condition e.g. type 1/type 2 diabetes, thyroid disease	
neurological condition e.g. epilepsy, stroke, multiple sclerosis	
breathing difficulty e.g. asthma	
autoimmune condition e.g. lupus arthritis	
skin condition e.g. eczema, psoriasis	
cancer	
mental health and wellbeing concerns? Please provide details	
Anything else, not mentioned above?	
Medication (prescribed & over the counter medicines)	<i>The NHS recommends a daily dose (400 mcg) of Folic Acid. Some people may need a higher dose. Find out more by reading the link.</i> <a href="https://www.nhs.uk/pregnancy/keeping-well/vitamins-supplements-and-nutrition/">(https://www.nhs.uk/pregnancy/keeping-well/vitamins-supplements-and-nutrition/)</a>
Are you taking medication for any medical or mental health condition? If so, please list all the medications and dosages here, <i>including</i> any supplements (vitamins)	
<i>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:</i>	
Have you (or any of your children) ever had, or still have, a social worker? If yes, please give the name and telephone number of the social worker.	
Have you ever experienced domestic violence? If yes, please give details.	
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?	
<i>Preferences for care:</i> Your first midwife 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 sites and the community work together as one maternity service to deliver the best quality of care for you and your family. You can expect most of your midwife appointments to be held at a community centre near you.	
Where do you wish to give birth to your baby? Please tick ✓ your preference:	
Queen Charlottes and Chelsea Hospital	St Mary's Hospital
At home	
No preference	