

MATERNITY SERVICE SELF-REFERRAL FORM

(if you are unable to complete online form)

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 you 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.

*Required information

About you:		
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 select*: (circle)	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 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 London hospitals. House number or house name*	so that we can contact you as quickly as p	ossible about your treatment at our
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 If ves. which language?	The NHS does not recommend use of family members to translate.

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Your support network:	Let us know any dates you are unable		
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high blood pressure			
kidney condition e.g. recurrent urinary			
tract infections			
stomach, bowel or liver condition e.g.			
inflammatory bowel disease, Crohn's			

blood condition e.g. sickle cell,			
thalassaemia, blood clots			
endocrine condition e.g. type 1 or 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 or over the counter medicines)	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. (<u>https://www.nhs.uk/pregnancy/keeping-well/vitamins-supplements-and-nutrition/</u>)		
Are you taking medication for any medical or mental health condition? If so, please list all the medications and dosages here, including any supplements (vitamins)			
Personal circumstances: we understand extra support where necessary for you a	that these questions are sensitive. Please answer honestly so that we can arrange		
	ad, or still have, a social worker? If yes, please give the name and telephone		
number of the social worker.			
Have you ever experienced domestic vio	lence? If ves, please give details.		
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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 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			