

**OBSTETRIC MEDICINE PRE-PREGNANCY COUNSELLING**

**DE SWIET OBSTETRIC MEDICINE CENTRE, 2FLOOR, QUEEN CHARLOTTE’S & CHELSEA HOSPITAL, DU CANE ROAD, LONDON W12 0HS**

**TEL: 020 8383 5108**

**TO MAKE REFERRAL PLEASE FAX FORM TO: 020 3313 3507**

**Please ensure the NHS number & up to date telephone number are documented**

|  |  |
| --- | --- |
| **PATIENT** | **REFERRER** |
| Name | ~[Title]. ~[Forename] ~[Surname] | Name | ~[Free Text:Name of referring clinician] |
| **NHS Number** | ~[NHS Number] | GMC/HPC/NMC No |       |
| Patient’s Address | ~[Patient Address Block]~[Post Code] | Practice Address | ~[Surgery Address Line 1] ~[Surgery Address Line 2] ~[Surgery Address Line 3] ~[Surgery Address Line 4] ~[Surgery Address Line 5] |
| Home number | ~[Telephone Number] | Telephone  | ~[Surgery Tel No.] |
| **Mobile number** | ~[Mobile Number] | Fax |       |
| Work number |       | NHS.net mail only |       |
| Email | ~[Email 1] | National Practice Code  | ~[Practice Code] |
| Fax |       |
| DOB | ~[Date Of Birth] | Gender: ~[Sex]  | Ethnicity: ~[Ethnicity] |
| Physical/Communication difficulties (specify if any):       | If interpreter required, state language:       |
| **CLINICAL INDICATION / PROBLEM / PROVISIONAL DIAGNOSIS***Please provide as much relevant clinical information as possible.* *We see women who are considering a future pregnancy with complex medical conditions such as renal, cardiac, rheumatological and neurological disease and women with more general medical problems including:** *chronic hypertension* • *endocrine conditions*
* *pre-eclampsia* • *respiratory disease*
* *previous obstetric cholestasis* • *obesity*
* *thyroid disorders* • *inflammatory bowel disease*
* *diabetes*
 |
| **Clinical Detail (including relevant past medical history)** |
| **Allergies:** ~[Allergies]       |
| **Medication:**~[Medication]  |
| Notes/documentation attached? Yes [ ]  No [ ]  |
| Print name       | Referrer’s Signature:       | Date of request: ~[Today...] |
| Is the referrer a locum or registrar Y[ ]  N[ ]  |  |