

## REFERRAL FORM for NCL MATERNAL MEDICINE SERVICES

<b>Date of referral:</b>	
<b>Main reason for referral:</b>	
<b>DEMOGRAPHICS</b>	
<b>Name:</b>	<b>DOB:</b>
<b>NHS number:</b>	<b>Tel:</b>
<b>Address:</b>	
<b>Email address:</b>	<b>Next of kin (name, relationship, tel):</b>
<b>Name of GP:</b>	
<b>Name of GP practice and phone No:</b>	
<b>PREGNANCY INFORMATION</b>	
<b>EDD:</b>	
<b>Gestation at time of referral:</b>	
<b>Obstetric history:</b>	
<b>Medical history:</b>	
<b>Reason for referral:</b>	
<b>Is for (please delete as appropriate): Advice / Consultation</b>	
<b>Interpreting services needed?</b>	
<b>If yes, language required:</b>	
<b>Any Social Services involvement?</b>	<b>Any Mental Health history?</b>
<b>REFERRER INFORMATION</b>	
<b>Name of referrer and position:</b>	
<b>Referring organisation:</b>	
<b>Contact details (email address, tel, bleep):</b>	
<b>Is the patient aware of the referral?:</b>	

Please email this form to **booking hospital within NCL:**

**UCLH:** [uclh.ncl.maternalmedicine@nhs.net](mailto:uclh.ncl.maternalmedicine@nhs.net)

**Barnet:** [rf-tr.matmedineantenatalclinic@nhs.net](mailto:rf-tr.matmedineantenatalclinic@nhs.net)

**Royal Free:** [rf-tr.maternalmedicine@nhs.net](mailto:rf-tr.maternalmedicine@nhs.net)

**Whittington:** [whh-tr.whittobstetricmedicine@nhs.net](mailto:whh-tr.whittobstetricmedicine@nhs.net)

**NMUH:** [northmid.obsmedreferral@nhs.net](mailto:northmid.obsmedreferral@nhs.net)