**Wessex Maternal and Fetal Medicine Unit**

**Electronic referral form**

**Please e-mail referrals to :** [**suh-tr.WessexFMU@nhs.net**](mailto:suh-tr.WessexFMU@nhs.net)

**Tel: 023 81 204228/204727**

**PLEASE DO NOT FAX REFERRALS**

**URGENT REFERRALS CAN BE TELEPHONED PRIOR TO E-MAIL**

**E-MAILS ARE CHECKED REGULARLY THROUGHOUT THE DAY DURING OFFICE HOURS**

**YOU WILL RECEIVE CONFIRMATION OF THE REFERRAL BY E-MAIL**

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| Title:  Patient Name**:**  DOB:  BMI: | Referral date/time:  Local Consultant: |
| Address:  Post code: | Contact Tel No:  Email: |
| GP & Surgery address: | Ethnic origin: |
| Blood Group  Virology (HIV/Hep B status): | NHS No:  PACS RNZ/Hospital ID no: |
| EDD by scan: | Gestation: |
| Urgency a) Routine (at appropriate gestation)  b) Urgent (within 3 working days)  c) Very urgent (same or next day **MUST TELEPHONE TO DISCUSS)** | |
| Scan findings/Referral details:  **WHERE POSSIBLE PLEASE E-MAIL COPIES OF ALL SCAN REPORTS, BLOOD RESULTS & OTHER INVESTIGATIONS** | |
| Date/time of appointment (If known):  Is an interpreter required? | |
| Is patient aware of appointment? | |
| Name of person completing referral form:  Contact telephone number: | |

**Please ensure patients are given the information below**

* Appropriate information leaflets given where applicable
* Check they have the correct post code **SO16 5YA** and contact details
* Website address: [www.uhs.nhs.uk](http://www.uhs.nhs.uk) then search Fetal medicine
* Limited parking, allow time to park
* Parking charges apply
* Women need a comfortably full bladder before 14 weeks. After this there is no need to have a full bladder.
* Please avoid bringing small children as space is limited and it is often not appropriate