

Teenage Pregnancy Yes No

Booking information leaflets given Yes No

Pregnancy book offered/accepted Yes No

Medical/social high risk referral to SOM Named on form Yes No

Medical	Social	Referred to:
LOW	LOW
HIGH	LOW
LOW	HIGH
HIGH	HIGH

Screening Choices Consent Yes No

Screening discussed

Dating Scan Only

Down's syndrome screening

20 Week Anomaly Scan

Risk Assessment Complete

Scan Only

Cons App & Scan

Reason for Referral / GP assessment:

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Seen and Signed by A/N Clinic Co-ordinator:

Print Name:

Seen and Signed - Sonographer:

1st Point of Contact: MW / GP / Other

NHS No:

Gest at Booking:

MATERNITY SERVICES
COMMUNITY MIDWIFE REFERRAL LETTER IN CONFIDENCE

Dear Antenatal Co-ordinator	Date of booking interview __/__/__
Location of booking	Date received O&G reception, SDH __/__/__
	Consultant

Patient's name:	Maiden name:
Address:	
Post code:	
Telephone number:	
Date of birth: __/__/__ (___ years)	Religion:
General Practitioner:	
G.P. address:	
Occupation:	Ethnic Group:
Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Defacto <input type="checkbox"/> Widow <input type="checkbox"/>	

Partner:	D.o.B	Telephone No:
Occupation:	Relationship	
Next of Kin	Partner Ethnic Group:	
Blood relative to partner: Yes / No Address:		

Pregnancy and booking interview details:

Gravida:	Parity:
LMP:	EDD:
Accurate LMP date? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was LMP normal? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Menstrual cycle __/__/__	Fertility treatment needed Yes / No

Previous pregnancy/pregnancies:						
Date	Place	Gestation	Antenatal	Labour Spont/IOL Duration/Mode	Puerperium	Infant M/F Wt

A community booking interview has taken place and the patient is now in possession of her maternity records.

Signature of Midwife: _____ Signature of Client: _____

Named Midwife: _____ Midwifery Team

Previous obstetric history Details

Retained placenta	
Severe perineal trauma	
Previous LSCS	
Haemorrhage	
Previous poor outcome	
Hypertension	
Blood antibodies	
Previous TOP for medical reasons.	
Group B Strep.	
Booking BIP	

Date of last cervical smear. Was a follow up required?	
Oral contraceptive Yes / No	Date last taken
Is this pregnancy planned	Yes / No

Pre existing medical problems. Details including medication

Cardiovascular	
Haematological problems / Thromboembolic disorders	
Respiratory	
Immunological / Infectious / Hepatic	
Urinary / Renal	
Gastrointestinal	
Endocrine	
Neurological	
Muscular-skeletal - including fractures	
Gynaecological including STIs or fertility treatment	
General surgery	
Known Allergies	
Anaesthetic problems	
Blood Transfusions (enter year)	

Current medication	
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Psychological health Details

History of mental health problem	
Treatment given	
Hospitalisation for mental health problem	
Family history of mental health problem.	

Any other medical concerns or impairments

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Health issues

Folic acid Pre-conception Dosage	
Vitamin D Supplements (Recommended 10mcg daily)	
Type of diet	
Booking weight, Height & / BMI	
Chicken pox	
Rubella Vaccinated Exposure	
Sight problems prior to age 12.	
Hearing	

Social history / Other Impairments

Have you ever smoked?	
Do you smoke? Now Yes No	Partner Yes No
Do you want to quit?	
Do you want to be referred?	
Smoking now. Number per day	
Smoke Stop referral done	CO ₃ reading =
Previous/current drug use	
Alcohol intake. Units per week.	
Are there any housing issues?	
Do you feel this patient is an unsupported parent?	
Is there current or former Social Services involvement for Child protection and / or known domestic issues?	
Name of Social Worker	
If former involvement with Social Care surnames of children	
Needs a C.A.F. Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sudden infant death. i.e. cot death or any life threatening event.

Client	
Partner	
Any extended family member.	
Referral made to CONI co-ordinator	

FAMILY HISTORY	PATIENT	CHILDREN	PARENTS	SIBLINGS	PARTNER	PARENTS	SIBLINGS
Clotting disorder / DVT							
Multiple birth							
Hepatitis							
DDH							
Kidney disorders							
Congenital anomaly							
Deafness							
Haemaglobinopathy							
Hypertension / Cardiac							
Diabetes							
Tuberculosis							
Genetic problems							
Asthma							
Eczema							