**Wessex Maternal and Fetal Medicine Unit**

**Electronic referral form**

**Please e-mail referrals to :** **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**

|  |  |
| --- | --- |
| Title: Patient Name**:** DOB: BMI: | Referral date/time:  Local Consultant:  |
| Address:Post code:  | Contact Tel No: Email:  |
| GP & Surgery address:  | Ethnic origin:  |
| Blood GroupVirology (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