Patient Details

Our Hospital number

Name

DOB

NHS Number

**Appendix 1** Referral letter to Positive Birth Service

Criteria for Referral

* + Significant anxiety related to previous pregnancy/ birth experience
  + No Previous LSCS requesting LSCS e.g. Significant anxiety related to birth.
  + Women requiring complex care planning

Woman’s telephone number…………………………………………………………………….

EDD……………………………………………….

Parity……………………………………………….

Named Midwife…………………………………………………………………………………………..

Brief Summary of details relating to the referral including place of previous birth/s

Letter sent to previous Trust for details Y / N

Previous SFT maternity notes requested Y / N

Please attach a copy of Perinatal Mental Health screening tool.

Please return forms to Positive Birth Service ANC Salisbury NHS Foundation Trust.

Can be submitted electronically to sft.positivebirthservice.net