

# Maternity Services

at West Hertfordshire Hospitals NHS Trust



**West Hertfordshire  
Hospitals**  
NHS Trust

## Self-referral form

Thank you for choosing West Herts as the place to have your baby. In order to plan safe care for you, it is important that you complete this referral form as fully as possible; in particular, it's important that you fill in the date of your last period.

We aim to see all women before they are 10 weeks pregnant. **If you're under 10 weeks' pregnant**, please wait to hear from our team. **If you're over 10 weeks' pregnant** and don't hear from a member of our team within seven days of sending this form, please call our booking team on 01923 217808 (Monday to Friday, from 10am – 2pm).

Please note that fields marked \* are mandatory (they must be completed). If you don't provide this information, this will delay our processing of this referral. ***Please complete both sides of this form.***

Your first appointment will be at a local venue however it can be made elsewhere if it's more convenient. Once we have received this form an appointment will be sent to you, including confirmation of booking venue.

We will inform your GP that you are pregnant and to share relevant health information. We will also liaise with the local authority if your midwife thinks you will benefit from extra support.

<b>Your details</b> (note: questions marked by * are mandatory)			
*First name:		*Surname:	
Title:	Previous name (if any):		*Date of birth (dd / mm / yyyy):
NHS number (if known):		Hospital number (if known):	
Address:			
Postcode:	Email:	Can we contact you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact number: mobile / landline:		Can we contact you on this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require an interpreter? (please note family members or partners cannot be used as interpreters) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, preferred language?			
Any sight problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any hearing loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Your GP</b> (note: questions marked by * are mandatory)			
*Do you have a GP? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please fill in the details below.			
GP name:			
GP address:			
Postcode:		GP telephone number:	

\*Please ensure that your current address is registered with your GP.



We will inform your GP that you are pregnant and to share relevant health information. We will also liaise with the local authority if your midwife thinks you will benefit from extra support.

### Your current pregnancy (note: questions marked by \* are mandatory)

Are you transferring from another hospital/antenatal service?  Yes  No

If yes, name of hospital / antenatal service:

Have you been pregnant before?  Yes  No

If you have been pregnant, how many times?

How many children do you have?

Have you experienced any pregnancy losses?  
 Yes  No

Start date of last menstrual period (LMP) Day Month Year

Do you smoke?  Yes  No

If you answered no to the question above does anyone else smoke at home?  Yes  No

Are you or your partner taking non prescribed drugs / substances?  Yes  No

Have you, your partner or your children ever had a social worker?  Yes  No

### Your medical history, please let us know about your current medical condition

	Yes	No		Yes	No		Yes	No
Blood or clotting problems			Epilepsy			Thyroid disease		
Deep Vein Thrombosis			Sickle cell disease			Have you ever been diagnosed with a mental health illness?		
Diabetes			Sickle cell carrier			If yes, please give details?		
High blood pressure			Thalassaemia			Other, please specify		
Heart condition			Thalassaemia carrier			Are you taking folic acid and Vitamin D?		
Are you taking any medication?			List medication with dose if known:					

- If you are not currently taking any folic acid please discuss with your pharmacist as soon as possible.
- At booking ask your midwife about the "Healthy Start Vitamins" that are available for pregnant women.
- We will email information regarding screening tests offered to you and your baby to the above email address prior to your booking appointment.
- We aim to book you when you are between 8-9 weeks pregnant and will contact you closer to that time. Please note, this call may come from an unknown number.

Whilst all correspondence received by West Hertfordshire Hospitals NHS Trust is dealt with in accordance with the Data Protection Act 1998, this level of confidentiality cannot be guaranteed once correspondence has left the Trust in the form of an email. This is because the transmission of emails over public networks is not secure and could be open to breaches of personal information. Service providers store emails and they have the right to inspect or archive these in their systems.

**If you are completing this form by hand, please take it to or post to:**

**Women's and Children's reception**

**Watford General Hospital**

**Vicarage Road, Watford, Hertfordshire WD18 0HB**

#### For office use only

Date received:

Date appointment made:

Input clerk: