

- 1) Download the form 2) Complete 3) Save
4) Email to: westherts.anb@nhs.net



Maternity Services

at West Hertfordshire Hospitals NHS Trust

Self-referral form

Thank you for choosing West Herts as the place to have your baby. We aim to see all women before they are ten weeks pregnant. 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.

If you do not 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 within two weeks, including confirmation of booking venue.

About you	
*Forename:	*Family name:
*Title:	*Date of birth (dd / mm / yyyy):
*NHS number (10 digit number):	
What is your permanent address?	
Postcode:	Home telephone number:
Mobile telephone number:	Work telephone number:
Your email address:	
Please let us know which telephone number you would like us to use to contact you on: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Please confirm whether you are happy to be contacted by telephone: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
If require an interpreter, for which language?	
Where have you lived in the last 12 months? <input type="checkbox"/> UK <input type="checkbox"/> Outside the UK	Can you show that you have the right to live here: <input type="checkbox"/> Yes <input type="checkbox"/> No

Next of Kin	
Forename:	Family name:
Title:	Relationship to you:
Address:	
Postcode:	Telephone number:

Your GP	
*Your registered GP (if you are not registered with a GP, please state 'Not Registered'): <input type="checkbox"/> Registered <input type="checkbox"/> Not registered	
*GP name and surgery address:	
*Surgery postcode:	Surgery telephone number:

Transfer of care
Are you transferring your care from another provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of provider:

Current pregnancy
Date of the first day of your last period if known (dd / mm / yyyy):

Past pregnancies
Have you ever been pregnant before? <input type="checkbox"/> Yes <input type="checkbox"/> No. If 'Yes' how many children do you have:
Did you have a (click appropriate box) <input type="checkbox"/> Vaginal birth <input type="checkbox"/> Forceps <input type="checkbox"/> Suction cup (Kiwi) <input type="checkbox"/> Caesarean section
Did you have any complications? (click appropriate box) <input type="checkbox"/> Antenatally <input type="checkbox"/> In Labour or delivery <input type="checkbox"/> Postnatally
If so, please give details:

Social care	Medication
Do you have a disability regarding access? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you take any regular medication. If so, what medication do you take?
Do you currently have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any past or ongoing medical conditions?								
	Yes	No		Yes	No		Yes	No
Cardiac			Liver disease			Deep Vein Thrombosis (VTE)		
Respiratory			Mental health			Blood / clotting problems		
Diabetes			Cancer			Auto immune condition		
Kidney disease			Thyroid disease			Infectious diseases		
Operations			Other			Musculo-skeletal		

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: