



Antenatal Care Referral Form

Please note that referrals can be discussed by telephoning the appropriate care team.
All completed referrals to be sent by secure email. Contact details at the end of referral form.

Mother's details	
Surname:	First name(s):
EDD:	Date of birth:
NHS number:	
Home address:	
Post code:	Home tel:
Mobile:	Email:
Religion:	
First language:	Interpreter required?
Any health needs:	
Booking hospital:	
Intended place of delivery:	
Foetal diagnosis & prognosis:	
Name & gender (if known):	
M <input type="checkbox"/> F <input type="checkbox"/>	

Ethnic group (mandatory)		
White	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/ <input type="checkbox"/> British Irish <input type="checkbox"/> Gypsy or Irish traveller	<input type="checkbox"/> Any other white background (please specify):
Mixed multiple ethnic groups	<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other mixed/multiple ethnic background (please specify):
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please specify):
Black/African/Caribbean/Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other black/African/Caribbean background (please specify):
Other ethnic group	<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic group (please specify):

Parent two details		Parental responsibility? (please tick) <input type="checkbox"/>
Name:		
Date of birth:		
Address (if different to above):		
Home tel:	Mobile:	
Email:		
Religion:		
First language:	Interpreter required?	
Any health needs:		

Does this family currently receive care/support from another children's hospice? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate whom and the date referred

Siblings				
Name:	M/F	DOB	Relationship*	Health needs
1				
2				
3				
4				
5				
6				
Nursery/school:				

*Full/half/adopted/step

Professional involvement	
General Practitioner (GP):	
Practice address:	
Email:	Phone:
Obstetrician:	
Hospital:	
Email:	Phone:
Neonatologist:	
Hospital:	
Email:	Phone:
Foetal Medicine Consultant:	
Hospital:	
Email:	Phone:

Current pregnancy history

Please continue on a separate sheet if necessary

MANDATORY – PLEASE FILL IN ALL SECTIONS ON THIS PAGE

Are the family currently accessing a counselling service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details if yes:		
Is any family member subject to any safeguarding plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any additional information (please include name of social worker):		
Is there any specific type of support the parents would like from the children's hospice?		

Are there any known risks within the family's home environment to help the hospice team in their risk assessments (for example, planning home visits)?

Consent

The children's hospice you have been referred to will use the information provided on this form in order to process the referral, and determine how best we can support the child and family. Information will also be used to ensure we are providing the safest and most effective support for the child and family. Information will be securely held on our systems and only be held for as long as we have a legitimate reason for it. In order to ensure that we have access to the most accurate treatment and medical information, does the mother give consent to contact the relevant professionals involved in the care of her pregnancy and postnatally? Information collected will only be used by the children's hospice involved for the purposes of providing care, support and treatment. These preferences for contact can be discussed and reviewed with the hospice directly.

Yes No

Referrer

Name:	Job title:
Phone:	Email:
Signature:	Date:

Please return this form to:

Andy's at St Andrew's Hospice:	SAHOS.SeniorAdmin@nhs.net
Bluebell Wood Children's Hospice:	bluebellwood.hospice@nhs.net
Forget Me Not Children's Hospice:	care@forgetmenotchild.co.uk
Martin House Children's Hospice:	martinhouse.referrals@nhs.net