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**King's College Hospital antenatal
self-referral form**

You can choose to refer yourself directly to the antenatal services at King’s College Hospital, rather than via your GP. Please complete this form, giving as much detail as possible so that we can ensure the best pathway for your maternity care. The information you provide will be placed in your medical records and only accessed by staff involved in your care.

Please save this Word document, fill in the form and send completed forms as a Word attachment to
**kch-tr.antenatalreferral@nhs.net**. Appointment letters will be sent out in the post.

**Your details**

First name

Last name

Address

Postcode

Preferred contact number
Preferred contact number

Preferred contact number

Email

Confirm email

Date of birth

NHS number (if known)

Ethnicity

**Please select one option from the list below.** **This question is mandatory.**

### **White**

[ ]  English

[ ]  Welsh

[ ]  Scottish

[ ]  Northern Irish

[ ]  British

[ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Any other White background

### **Mixed / Multiple ethnic groups**

[ ]  White and Black Caribbean

[ ]  White and Black African

[ ]  White and Asian

[ ]  Any other Mixed / Multiple ethnic background

### **Asian / Asian British**

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Any other Asian background

### **Black / African / Caribbean / Black British**

[ ]  African

[ ]  Caribbean

[ ]  Any other Black / African / Caribbean background

### **Other ethnic group**

[ ]  Arab

[ ]  Any other ethnic group

**Do you have any of the following special requirements? If "yes" please select the check box
and give details in the boxes below:**

Need an interpreter

[ ] Learning disabilities

[ ]

Hearing problems

[ ] Sight problems

[ ] **Details about your GP**

Practice name

Address

Phone number

**Information about your current pregnancy**

First day of last menstrual period (date, month, year)

Estimated delivery date

Preferred type of birth (please select one box)

[ ]  Hospital birth

[ ]  Home birth

[ ]  Midwifery-led suite room

[ ]  Undecided

**How many of the following have you had?**

Pregnancies

Live children

Pre-term babies (less than 37 weeks)

Ectopic pregnancies

Miscarriages and terminations

Still births

Neo-natal deaths

**How many times have you delivered by:**

Vaginal birth without ventouse (suction) or forceps

Caesarean section

Ventouse (suction)

Forceps

**Do you have any of the following health problems, if "yes" please select the check box and give details in the boxes below:**

Breathing

[ ]

Diabetes

[ ]

Heart

[ ]

High blood pressure

[ ]

Kidney

[ ]

Liver

[ ]

Mental health

[ ]

Neurological

[ ] Do you or the father of the baby have sickle cell disease or trait?

[ ]

Do you or the father of the baby have thalassemia or thalassemia trait?

[ ]

Other

[ ]

**Are any of the following relevant to you, if "yes" please select the check box and give details in the box below:**

Substance abuse (including your partner)

[ ]

Violence/domestic abuse

[ ]
Safeguarding/known to social services

[ ]

Asylum seeker/refugee

[ ]

Smoker

[ ]

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Please note we may contact and share information with other health professionals as required.