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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**](mailto: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.