**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.

Submit the complete form to: [**kch-tr.antenatalreferral@nhs.net**](mailto:kch-tr.antenatalreferral@nhs.net)

**1: Your details**

First name:

Last name:

Address:

Postcode:

Preferred contact number:

Email:

Confirm email:

Date of birth (DD/MM/YYYY):

NHS Number:

Nationality:

Country of birth:

**2: Do you have any of the following special requirements? Delete “yes” or “no” as appropriate. If "yes" please give details:**

* Need an interpreter: *Yes/No*
* Learning disabilities: *Yes/No*
* Hearing problems: *Yes/No*
* Sight problems: *Yes/No*

**3: Details about your GP**

Practice name:

Address:

Phone number:

**4: Information about your current pregnancy**

First day of last menstrual period (DD/MM/YYYY):

Estimated delivery date (DD/MM/YYYY):

Preferred type of birth – delete as appropriate:

* Hospital birth
* Home birth
* Midwifery-led suite room
* Undecided

**5: Regarding any previous pregnancies, 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:

**6: Regarding previous births, how many times have you delivered by:**

* Normal vaginal birth:
* Caesarean section:
* Ventouse (suction):
* Forceps:

**7: Do you have any of the following health problems? Delete “yes” or “no” as appropriate. If "yes" please give details:**

* Breathing: *Yes/No*
* Diabetes: *Yes/No*
* Heart: *Yes/No*
* High blood pressure: *Yes/No*
* Kidney: *Yes/No*
* Liver: *Yes/No*
* Mental health: *Yes/No*
* Neurological: *Yes/No*
* Thalassemia/sickle cell: *Yes/No*
* Other: *Yes/No*

**8: Are any of the following relevant to you? Delete “yes” or “no” as appropriate. If "yes" please give details:**

* Substance abuse (including your partner): *Yes/No*
* Violence/domestic abuse: *Yes/No*
* Safeguarding/known to social services: *Yes/No*
* Asylum seeker/refugee: *Yes/No*
* Smoker: *Yes/No*