

Patient details

NHS Number:		Date of birth:	
Hospital Number:		Title:	
First name:		Family surname:	
Any other previous surname(s):			
Permanent address:			
Post Code:			
Contact numbers:			
Home:		Mobile:	
Temporary resident	Yes / No	Overseas visitor	Yes / No
If migrant women, ensure GP has taken detailed medical history, and assessment made of overall health. Has an assessment been made? Yes / No / Unaware			

Ethnic origin as appropriate (if mixed tick more than one box)

Native Language(s):	Interpreter required? Yes / No
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Africa:	Europe:
North Africa (e.g. Morocco, Algeria)	Britain (England, Scotland and Wales)
Sub-Sahara (e.g. Somalia, Kenya, Nigeria)	Ireland (incl Northern Ireland, Eire)
Other:	Northern Europe (e.g. Denmark, Norway, Sweden)
Asia:	Western Europe (e.g. France, Germany, Netherlands)
India	Eastern Europe (e.g. Balkans, Poland, Russia)
Pakistan	Southern Europe (e.g. Cyprus, Greece, Italy, Spain, Turkey)
Bangladesh	Other:
China	Middle East (e.g. Egypt, Israel, Syria, Yemen)
Far East Asia –(e.g. Malaysia, Thailand, Philippines)	Other:
Other:	
Caribbean (e.g. Barbados, Jamaica, Trinidad & Tobago)	Declined to give information

Practice details

Referring GP/Midwife:	Practice address:
Telephone number:	Post Code: (a stamp may be used)
GP Code & Practice Code:	
Are you the registered GP *Yes / No (*circle as appropriate)	

Trust contact:	Telephone:	Fax:
Solihull	0121 424 2000	0121 424 5389
Heartlands	0121 424 2000	0121 424 2718
Good Hope	0121 424 2000	0121 424 7547

Hospital of Booking (please circle/highlight relevant hospital)

Heartlands	Willow Suite	Good Hope	Solihull – Birthing Unit
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Additional Comments:

Date of referral: __ / __ / 20__		Late Booker: YES / NO	
Lead Professional:	*Midwifery led care (MLU)	*Consultant	Named Consultant:
Routine appointment: *Yes / *No		Requires urgent booking scan: *Yes / *No	
Urgent appointment: *Yes / No – appointment required within: *next week / 2 weeks / 3 weeks			