|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** *(please enter details legibly in block capitals)* | | | | | | | | | | | |
| **First name: Surname:** | | | | | | | | | | | |
| **NHS number: Date of Birth:** | | | | | | | | | | | |
| **Address: Postcode:** | | | | | | | | | | | |
| **Email:** | | | | | | | | **Contact by email Yes / No** | | | |
| **Expected Delivery Date (EDD) / Birth Date:**  **\*\*** *required \*\** | | | **Weeks pregnant:** | | | | | **Booking / Delivery Site:**  **Whittington / UCLH / North Middlesex / Royal Free/ Barnet/ Other** | | | |
| **Is this address permanent? Yes / No** | | | | | | | |
| **Contact numbers:** | | | | | | | | **Contact by text? Yes / No** | | | |
| **Interpreter required? Yes / No** | | | | | | | | **Preferred language:** | | | |
| **Ethnicity:** | | **Nationality:** | | | | | | | | **Marital status:** | |
| **GP details** *(please enter details legibly in block capitals)* | | | | | | | |  | | | |
| **Name:** | | | | | | | | | | | |
| **Address:**  **Postcode:** | | | | | | | | | | | |
| **Telephone: Email:** | | | | | | | | | | | |
| **Referrer details** *(please enter details legibly in block capitals)* | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |
| **Address:**  **Postcode:** | | | | | | | | | | | |
| **Telephone : Email:** | | | | | | | | | | | |
| **Reason for referral** *(brief summary of problems)* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Is the patient aware of this referral? Yes / No** | | | | | | | **Consent given? Yes / No** | | | | |
| Children: (Include full names & DOBs) | | | | | | | | | | | |
| First Name: | Surname: | | | M/F: | | DOB | | | Where living: | | Who with: |
|  |  | | |  | |  | | |  | |  |
|  |  | | |  | |  | | |  | |  |
|  |  | | |  | |  | | |  | |  |
| **Medical History (Y or N or not known). Include details of allergies, relevant personal or family medical history.** | | | | | | | | | | | |
| **Medical Problems** | |  | | | **Details:** | | | | | | |
| **Currently taking medication** | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Psychiatric History** | | | | | | |
| Past history of mental illness **Yes / No** | | **Details (***contacts for all professionals involved, e.g. care coordinator, consultant psychiatrist***)** | | | | |
| Past history of substance misuse **Yes / No** | |
| Family history of mental illness **Yes / No** | |
| History of learning disabilities  **Yes / No** | |
| **Any Previous Diagnosis** | |
|  | |
|  | |
| **Obstetric history** | | | | | | |
| **Obstetrician:** | | **Named midwife:** | | | **Next appointment:** | |
| **Previous pregnancies** | | **Gravida (number of pregnancies):** | |  | **Parity (number of deliveries):** |  |
| **Feelings towards pregnancy / baby:** | | | | | | |
| **Potential Stressors** (detail problems in the areas listed - Y or N or not known) | | | | | | |
| **Referral due to stillbirth / late miscarriage/ traumatic birth** |  | | **Details:** | | | |
| **Social stressors e.g. employment,**  **financial /debts, housing / homelessness** |  | |
| **Relationship stressors e.g. domestic violence, partner, family, friends** |  | |
| **Social support (or lack of)** |  | |
| **Other** |  | |
| **Known Risks** (detail any evidence of risk in the areas listed - Y or N or not known) | | | | | | |
| **Dangerousness / risk to others** |  | | **Details:** | | | |
| **Risk of self-harm / Self-neglect** |  | |
| **Known to social services** |  | |
| **Safeguarding Adults / Vulnerability** |  | |
| **Safeguarding or child protection concerns** |  | |
| **Signature of referrer: Date:** | | | | | | |
| For **emergency help** call 999 or direct people to mental health liaison at their local A&E department.  For **urgent help** refer to the local crisis team:  **Camden & Islington** 020 3317 6333  **Barnet** 020 8702 4040  **Enfield** 020 8702 3800  **Haringey** 020 8702 6700 | | | | | | |