|  |
| --- |
| **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** |  |

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| **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 |