

## **Midwife Referral**

Please complete this form so that your midwife can start arranging your maternity care. You will be contacted by phone and an appointment will be made for you to meet your midwife. This is usually done between 8 and 10 weeks of your pregnancy. Everything is confidential.

Thank you.

**Today's Date**

**Name**

**Address**

**Postcode**

**Home Telephone**

Can the Midwife leave a message on this number?  Yes  No

**Mobile Telephone**

Can the Midwife leave a message on this number?  Yes  No

**Alternative Telephone**

Can the Midwife leave a message on this number?  Yes  No

*(NB: Saying no may delay initial contact from the midwife and the date of your first appointment)*

**Date of birth**

**NHS Number**

**GP & Surgery**

**First day of last period**

*(or if unknown date of positive pregnancy test)*

**Number of previous pregnancies**

**Number of children**

**Medical conditions**

*(E.g.: Diabetes/Epilepsy/Thyroid or Heart problems)*

Office use only: Pregnancy coded  *(Midwives – please return to reception for coding if this box has not been ticked).*