

Maternity Self Referral Form

Welcome to Ashford and St Peter's Maternity Services

Please complete the form below giving us as much detail as possible about your self and any previous pregnancies and medical history that you have.

Please complete the form below and press '[print](#)'.

Send the printed form to:

Antenatal Team Leader, Antenatal Clinic, Abbey Wing,
St Peter's Hospital, Guildford Road, Chertsey, Surrey KT16 0PZ.

About You

Forename

Family Name

Title (Mrs/Miss/Ms/Other)

Date of Birth (dd/mm/yy)

NHS Number (10 digit number)

Address, including your postcode

Home telephone number

Mobile telephone number

Email address

Is English your first language?

- Yes No

Where have you lived in the last 12 months?

- UK Outside of the UK

If not, what is?

Do you require an interpreter?

- Yes No

Can you show that you have the right to live here?

- Yes No

If Yes, which language?

If you are a temporary resident in the UK, what is your permanent overseas address?

Name and Address of your registered GP

Current and Previous Pregnancies

Date of the first day of your last period (dd/mm/yy)

Have you been pregnant before?

Yes No

Details of previous pregnancies

How many children do you have?

Have you used our Maternity Services before?

Yes No

Your Health

Have you had any of the following (if yes please give details in the box below)

- Heart Disease
- Respiratory Disease
- Sickle Cell / Thalassemia
- Diabetes
- Kidney Disease
- Liver Disease
- Mental Illness
- HIV
- Thyroid Disease
- Cancer
- Blood Clotting Disorder
- Auto Immune Disease
- Venous Thromboembolic Disease
- Hypertension

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Details:

Are you taking any current medication?

Yes No

If Yes, please give details, name and dose (if known):

What happens now?

The information you have provided will be reviewed and you will be contacted if we need any further details.

Please make sure that you have given us accurate contact details.

This referral will be processed and you will be sent an appointment for your 12-13 week ultrasound scan.

Meanwhile, please make a booking appointment with your local community midwife at your GP/Health Centre. This appointment will last approximately one hour, and during the appointment your midwife will take a detailed history, give you your maternity records and make future appointments with you. She will also answer any questions that you have about your pregnancy and on-going care. If you live out of our catchment area we will send you a booking appointment at St Peter's Hospital (please refer to our website for details of the catchment area).

Please note that following your booking appointment we will need to inform your GP and Health Visitor that you are pregnant so that they can support through your pregnancy and afterwards.