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Maternity Self-Referral Form

This form may be downloaded from www.alexandrasurgery.com
You do **not** need an appointment with your GP to arrange this referral.

I am pregnant and would like to book to have my maternity care at

- | | |
|---|--|
| <input type="checkbox"/> Barnet Hospital | <input type="checkbox"/> Chase Farm Hospital |
| <input type="checkbox"/> North Middlesex Hospital | <input type="checkbox"/> Royal Free Hospital |
| <input type="checkbox"/> Whittington Hospital | |

Date of request (dd/mm/yy):

Surname:	Previous Surname:
First Name:	
Title: <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Marital Status:
NHS No (if known):	
Have you attended this hospital before?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Hospital No (if known):	
Address:	
Post code:	
Date of Birth (dd/mm/yy):	Gender: FEMALE
Home Tel:	
Mobile Tel:	
Can the hospital contact you by text message?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Email:	

Ethnic Group:	Nationality:
How long have you lived in the UK?	
Do you require an Interpreter?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, which language do you speak:	
Religion:	

First day of your last menstrual period:	
Have you already booked at another hospital?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, name of hospital you are booked at:	
Do you have preference for type of delivery (e.g. birthing centre, home birth)?	



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Details of Previous Pregnancies:

(Date of delivery, number of weeks pregnant, type of birth, weight of baby)

Have you had any operations or illnesses, including depression?

Prescribed Medicines:

Are you taking Folic Acid supplements?

Yes / No

Folic acid is important for pregnancy; it can help prevent birth defects. You should take a 400 microgram folic acid tablet every day, until you are 12 weeks pregnant. (Source: NHS Choices)

Do you take any medicine bought over the counter?

Yes / No

If yes, please specify:

Any allergy:

Do you smoke?

Yes / No

If yes, how many a day?

Do you drink alcohol?

Yes / No

If yes, how much in a week?

Contact information of Social Worker (if any)

Full Name:

Address:

Telephone No:

GP Name:

Dr N Sivananthan / Dr A Sivananthan / Dr

Practice Name: Alexandra Surgery

Address: 125 Alexandra Park Road, Wood Green, London

Post Code: N22 7UN

Please fill in your details and return this form to the surgery reception **or**
by fax to 020 8888 3815 **or**
by email to **alexandrasurgery@nhs.net**