

Please complete this form when you are in your 8th week of pregnancy. We will arrange the first Booking appointment for you. Please return via post or email your completed form to email/address below, before then please:

Please notify your GP of your pregnancy

Order a prescription from your GP for:

Vitamin D = 10micrograms per day

Folic acid = 400micrograms per day NB. please contact your Gp

IF THERE IS A FAMILY HISTORY OF EPILEPSY, DIABETES, SPINA BIFIDA OR YOUR BMI IS ABOVE 30 OR YOU ARE PERSCRIBED SPECIFIC MEDICATIONS THIS DOSE MAY NEED TO BE HIGHER

Alternatively, you can buy a suitable pregnancy multivitamin that contains both of these. If you have not already started this medication, it is very important you start as soon as possible and continues for at least the first 12 weeks of your pregnancy.

Please ensure ALL details are accurate to ensure a Smooth and timely referral to maternity services. Please note your antenatal appointments may be allocated by geographical area not where you intend to give birth.

I would prefer to give birth at:	Ulster Lagan Valley Birthing Centre				
Previous blood transfusion at a	ny stage before or after the birth:	No Yes			
Height: Weig	ht:	BMI:			
Do you have any disability in ad	ccessing facilities, please detail so we ca	n accommodate your needs:			
Illnesses/operations:					
Prescribed medications: IF	F YOU ARE ON PRESCRIBED MEDICA CONTACT YOUR GP AS SOON AS				
Allergies:					



ARE YOU NEWLY PREGNANT & WISH TO CONTACT A MIDWIFE?

Before your booking appointment, if you experience any vaginal bleeding or abdominal pain please contact your Gp immediately. If bleeding is heavy or there is severe abdominal pain contact emergency services in the normal way.										
Title:		Forenames in full:								
Age:	Surname :									
Date of Birth:	Previous surr				rname :					
Address (including postcode) Health and care				Ema	ail					
number					address:					
Home Tel Number:					Nobile Number:					
Can we contact you via text message				Yes			No			
Can we contact you via email message				Yes			No			
Marital status:	Nationality:									
Ethnic group:	Interpreter required first language:									
GP – Name/Address/Postcode First day of last menstrual period or best estimate:										
Name of Baby Type of birth			Year of birth	Type of birth (normal vaginal birth, caesarea section, Assisted birth)						
(028) 90 561364	(028) 44 616995					(028) 92 633534				
Maternity.Reception @setrust.hscni.net		Downe.Midwives@ setrust.hscni.net					LaganValley.Midwives@ setrust.hscni.net			
Maternity outpatients Dept. Ulster Maternity Hospital. Upper Newtownards Road. Dundonald. Co Down. BT16 1RH	lec Do 2 S Ro Do	Downe Midwifery led unit. Downe Hospital. 2 Struell Wells Road. Downpatrick. BT30 6RL					Lagan Valley Birthing Centre. Lagan Valley Hospital. 39 Hillsborough Road. Lisburn. Co. Antrim. BT28 1JP			