**Wessex Maternal and Fetal Medicine Unit**

**Electronic referral form**

**Please e-mail referrals to :** **suh-tr.WessexFMU@nhs.net**

**Tel: 023 8120 4228/6025**

**PLEASE DO NOT FAX REFERRALS**

**URGENT REFERRALS CAN BE TELEPHONED PRIOR TO E-MAIL**

**E-MAILS ARE CHECKED REGULARLY THROUGHOUT THE DAY DURING OFFICE HOURS**

**YOU WILL RECEIVE CONFIRMATION OF THE REFERRAL BY E-MAIL**

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| --- | --- |
| Title: Patient Name**:** DOB: BMI: | Referral date/time:Consultant: |
| Address:Post code: | Contact Tel No: |
| GP & Surgery address:Tel: | Ethnic origin: |
| Blood Group: Virology (HIV/Hep B status): | NHS No: |
| EDD by scan:  | Gestation: |
| Urgency a) Routine (at appropriate gestation)  b) Urgent (within 2 working days) c) Very urgent (same or next day **MUST TELEPHONE TO DISCUSS)** |
| Scan findings/Referral details:**WHERE POSSIBLE PLEASE E-MAIL COPIES OF ALL SCAN REPORTS** |
| Date/time of appointment (If known):Is an interpreter required? |
| Is patient aware of appointment? |
| Name of person completing referral form:Contact telephone number: |

**Please ensure patients are given the information below**

* Appropriate information leaflets given where applicable
* Check they have the correct post code **SO16 5YA** and contact details
* Website address: [www.uhs.nhs.uk](http://www.uhs.nhs.uk) then search Fetal medicine
* Limited parking, allow time to park
* Parking charges apply
* Women need a comfortably full bladder before 14 weeks. After this there is no need to have a full bladder.
* Please avoid bringing small children as space is limited and it is often not appropriate