**Maternal Healthy Lifestyle Salford Referral Form**

*By summiting this form, you are confirming that the patient has consented to a referral being made and they are aware that completion of this form indicates consent to their information being shared with MoreLife.*

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| --- |
| **Patient demographics**  |
| **Full name (including surname):** |  |
| **Address and postcode:** |  |
| **Date of birth:** |  |
| **Gender:** | Choose an item. |  |
| **Sexual Orientation:** | Choose an item. |  |
| **NHS number:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Ethnicity & religion** (as per the pregnancy notes) |
| **Faith/ Religion**  | Choose an item. |  |
| **Ethnic Origin**  | Choose an item. |
| **Communication** |
| **Patients preferred language?**  |  |
| **Does the patient speak English?**  | **Yes** |[ ]  **No** |[ ]
| **Does the patient require an interpreter?**  | **Yes** |[ ]  **No** |[ ]
| **Any other communication needs?**  |  |
| **Primary Care Contact Information** |
| **GP practice name** |  |
| **GP practice address** |  |
| **GP practice telephone** *(if known)*  |  |
| **Pregnancy Information** |
| **Estimated due date?** |  |
| **Is this a first pregnancy?** | **Yes** |[ ]  **No** |[ ]
| **Is this a multiple pregnancy (twins or more)?** |  |
| **Weight at booking appointment:** |  |
| **Height at booking appointment:**  |  |
| **Body Mass Index (BMI)** |  |
| **Medical History** |
| **Does the patient have a disability?**  | **Yes** |[ ]  **No** |[ ]
| **If yes to the above, please provide details** | Choose an item. |  |
| **Does the patient have diabetes (including gestational diabetes)?**  | **Yes** |[ ]  **No** |[ ]
| **If yes to the above question, please confirm the diabetes diagnosis** |  |
| **Does the patient have any other medical history we need to be aware of?** *\* a care summary record will be requested from the GP* |  |
| **Contact Information of referrer**  |
| **Name:**  |  |
| **Profession:** |  |
| **Work address:**  |  |
| **Contact number:** |  |

Completed referrals to be returned to: morelife.gm.sawm@nhs.net