Essential Information for Midwife

Must be completed for all newly pregnant women and transfers in to surgery during pregnancy. This information must be passed to midwife a minimum of 1 week prior to booking appointment. Any missing information will cause delay in booking patient.

**Any urgent referrals please ring Community Midwifery on 0116 2584834**

First Name: ………………………………………………………………………………………………………….

Surname: ………………………………………………………………………………………………………….

First day of last period: ……………………………………………………………………………………………

Date of Birth: ……………./…………../………………….

NHS number: …………………………………………………………………………………………………

Full Address: ………………………………………………………………………………………………………….

………………………………………………………………………………………………………….

Email: ………………………………………………………………………………………………………….

Telephone number: ………………………………………………………………………………………………………

GP Surgery: ………………………………………………………………………………………………………….

Current Medication: ………………………………………………………………………………………………………

Is an interpreter required: Yes/No

Language: ……………………………………………………………………………..

Next of Kin

Name: ………………………………………………………………………………………………………….

Relationship: ………………………………………………………………………………………………………….

Address (if different to above): ……………………………………………………………………………………

Telephone number: ………………………………………………………………………………………………………