

Antenatal Registration

Please fill out as much of page one as possible then leave page two for your midwife to complete.

Name:..... Previous/Maiden Name:.....

Address:..... Ethnicity:.....

..... Tel. Mobile:.....

..... Tel. Home:.....

Postcode:..... GP.....

Previous Address:.....

DOB:..... Age:.....

NHS number:..... EDD:.....

First Day of Last Period:.....

Height:.....Weight:.....BMI:.....(+30 ...Folic Acid 5mg)

Regular medication:.....

Known allergies:.....

Date of last smear test:..... History of Chicken Pox: Y / N

Previous Pregnancies:

Place of Birth	Date of Birth	Gestation	Birth Weight	Type of Delivery	Complications
<i>e.g. Stoke</i>	<i>01/01/2000</i>	<i>40 weeks</i>	<i>Lbs or Kgs</i>	<i>Forceps</i>	<i>Pre-eclampsia</i>

Any medical problems or operations since birth.....

Emergency Contact Name:.....

Tel Number:..... Relationship:.....

Do you require a Translator.....

PTO

MLC or CLC	Details
Maternal Factors	
Previous Obstetric History Factors	
Medical History Factors	

Referrals	Date	Requires	Date
Health Visitor		GTT	
CLC		Low Dose Aspirin	
Anaesthetic		Folic Acid 5mg	
Endocrine MW		Flu Vaccine	
Red Kite Team		Whooping Cough	
FNP		Anti D	
STARS		MRSA swabs @ 36/40	
CONI		Interpreter	
VBAC clinic		GP check	

Investigation	Date	Result	Investigation	Date	Result
Booking bloods					
Nuchal					
Anomaly					
28/40 bloods					
Urine					
GTT					
MRSA Swabs					

Weeks	Date	Notes
Booking		
16		
25		
28		
31		
34/36		
38/40		