



## Are you newly pregnant and wish to contact your midwife?

As soon as you have a positive pregnancy test you can now refer yourself directly for maternity care within the Belfast HSC Trust.

Please complete this form and upon receipt of it Belfast Trust midwives will arrange the first booking appointment for you, and **also notify your GP of your pregnancy**.

You will also need to order a prescription from your GP for the following:-

**Folic acid** = 400micrograms per day. NB. YOU WILL NEED TO SEE YOUR GP IF THERE IS A FAMILY HISTORY OF SPINA BIFIDA OR YOUR BMI IS >30 AS THE DOSE WILL BE HIGHER

**Vitamin D** = 10 micrograms per day

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.

Title:		Forenames in full:	
Surname		Date of Birth:	
Previous Surname		Age	
Address including postcode			
Health and care number		Email	
Home No		Mobile No	
Can we contact you via <b>text</b> message                      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can we contact you via <b>email</b> message                      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Marital status		Nationality:	
Ethnic group		Interpreter required    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language spoken		First day of last menstrual period or best estimate	
Your occupation		Your partners occupation	
GP – Name/Address/Postcode			

Number of previous pregnancies:

<b>Type of birth (more than one can be selected if applicable)</b>	Normal <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Forceps <input type="checkbox"/>	Caesarean section <input type="checkbox"/>	Miscarriage <input type="checkbox"/>
<b>Years of Births/Miscarriages (more than one can be entered in each column)</b>					

Previous blood transfusion at any stage before or after the birth	No <input type="checkbox"/> Yes <input type="checkbox"/>
Illnesses/operations	
Prescribed medications	
<b>IF YOU ARE ON PRESCRIBED MEDICATION PLEASE CONTACT YOUR GP AS SOON AS POSSIBLE</b>	
Allergies	

If you have any queries regarding this form or if you have not received an appointment by the 12<sup>th</sup> week of your pregnancy please phone: Maternity Appointments Clerk: (028) 9063 3443

Please return completed form as below (this can be manually completed or saved and emailed directly):

**By Email:** [MaternityReferral@belfasttrust.hscni.net](mailto:MaternityReferral@belfasttrust.hscni.net)  
For scanning purposes please note this is a 2 page document

**By Post:** Maternity Appointments  
C/O Medical Records  
1st Floor  
Royal Jubilee Maternity  
BHSCT  
Grosvenor Road  
Belfast BT12 2BA



respect & dignity



openness & trust



leading edge



learning & development



accountability