

## Pregnancy Referral Form

**Please email, take, post or fax this form to the Antenatal Booking Office**  
**1<sup>st</sup> Floor Lanesborough Wing, St Georges Hospital, Blackshaw Road SW17 0QT**  
**Email: [stgh-tr.stgpregnancyreferrals@nhs.uk](mailto:stgh-tr.stgpregnancyreferrals@nhs.uk) Fax: 0208 725 3302 Tel: 0208 725 1914/1710**

**Step 1:** Please read through the form. Complete all sections. Shaded sections are essential.

**Step 2:** Bring completed form to your appointment, or to the Antenatal Booking office (Mon-Fri only 9am -4pm) or fax/e-mail form (details above).

**Step 3:** If you attend or have an Early Pregnancy Scan – Please bring the scan report with this self-referral.

Surname:		Date of Birth: dd/mm/yy	
First Name:		Hospital No/MRN (if known):	
Previous Surname:		NHS No (if known):	
Do you usually live in the UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Country of Birth e.g. UK:	
Address in the UK:			
Post code:	Email:		
Telephone number:	Mobile number:		
Can we contact you on this number by text messaging?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Address OUTSIDE the UK:			
Postcode:	Country:		
Contact telephone:	Nationality:		
<b>GP details (if you are registered with a GP in the UK)</b>			
GP Name:			
Practice Name:			
Address:			
Post Code:		Gender	FEMALE
Marital Status:		Religion:	
Do you require an Interpreter?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Language spoken:	
First day of your last period Last Menstrual Period (LMP)?		Please tell us when your baby is due (EDD) / /201	
Have you had a scan? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date scan was done / / 201	
Height:		Weight:	
Do you have any communication needs e.g. hearing loss, visual impairment or learning disability? If yes, please complete and return the 'Accessible Information Needs' form on the website or available with this form			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Next of kin details</b>			
Surname:		First Name:	
Address:			
Post code:		Mobile Tel:	
Home Tel:		Work Tel:	
<b>Official Documentation</b>			
Passport number:		Country of issue:	Passport expiry date:
			D D M M Y Y
<input type="checkbox"/> Current United Kingdom passport		<input type="checkbox"/> Current European Union	
Dual Nationality:		Date of entry into the UK:	
Will you return to live in your home country? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when?	

<input type="checkbox"/> Current non-EU passport with valid entry visa		Visa No:															
<input type="checkbox"/> Student visa	<input type="checkbox"/> Visit visa	Visa expiry date: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y								
D	D	M	M	Y	Y												
<input type="checkbox"/> Asylum Registration Card (ARC)		ARC No.															
<input type="checkbox"/> Other – please state:																	
<b>ALL: YOUR STAY IN THE UK</b> – You will be required to provide documentation at your appointment. Please read the patient information leaflet entitled 'Information for overseas visitors - hospital treatment and paying for care' for more information or contact the Overseas Patients team on 020 8725 4693 or 020 8725 3439																	
<b>Please tell us about the purpose of your stay in the UK (check all that apply):</b>																	
<input type="checkbox"/> Holiday/visit friends or family	<input type="checkbox"/> On business	<input type="checkbox"/> To live here permanently	<input type="checkbox"/> To work														
<input type="checkbox"/> To study	<input type="checkbox"/> To seek asylum	<input type="checkbox"/> Other – please state:															
<b>How many months have you spent OUTSIDE the UK in the last 12 months?</b>																	
<input type="checkbox"/> None	<input type="checkbox"/> Up to 3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> Over 6 months														
Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)																	
<input type="checkbox"/> I live in another country	<input type="checkbox"/> A holiday/to visit friends	<input type="checkbox"/> To work	<input type="checkbox"/> To study														
<input type="checkbox"/> I frequently commute (business/second home overseas)		<input type="checkbox"/> Other – please state:															
<b>HEALTH OR TRAVEL INSURANCE DETAILS – If the UK is not your permanent place of residency</b>																	
Do you have insurance?		<input type="checkbox"/> YES <input type="checkbox"/> NO															
Name and address of insurance provider:																	
Membership number:		Insurance telephone:															
Do you have a non-UK EHC?		<input type="checkbox"/> YES <input type="checkbox"/> NO															
<b>STUDENT DETAILS – If you have come to the UK to study</b>																	
Name of college/university:		Telephone:															
Course dates	From	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	To	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Number of hours/week:
D	D	M	M	Y	Y												
D	D	M	M	Y	Y												
<b>Please complete the section below only if you are Transferring Hospital</b>																	
How many weeks pregnant are you?		Have you booked at another hospital?	<input type="checkbox"/> YES <input type="checkbox"/> NO														
Name of hospital/birth centre you are currently booked at:																	

**DECLARATION: TO BE COMPLETED BY ALL**

This hospital may need to ask the Home Office to confirm your immigration status to help us decide if you are eligible for free NHS hospital treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information provided may be used and retained by the Home Office for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The Home Office may also share this information with other law enforcement and authorised debt recovery agencies for purposes including national security, investigation and prosecution of crime, and collection of fines and civil penalties. If you are chargeable but fail to pay for NHS treatment for which you have been billed, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-clinical) personal information may be passed via the Department of Health to the Home Office for this purpose.

Please read the leaflet entitled 'Information for overseas visitors - hospital treatment and paying for care' for more information or contact the Overseas Patients team on 020 8725 4693 or 020 8725 3439.

**DECLARATION:**

<input type="checkbox"/> I have read and understood the reasons I have been asked to complete this form
<input type="checkbox"/> I agree to be contacted by the trust to confirm any details I have provided
<input type="checkbox"/> I understand that the relevant official bodies may be contacted to verify any statement I have made.
<input type="checkbox"/> The information I have given on this form is correct to the best of my knowledge.
<input type="checkbox"/> I understand that if I knowingly give false information then action may be taken against me. This may include referring the matter to the hospital's local counter fraud specialist and recovering any monies due.
Signed:
Date: