**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 (if possible)…………………………………………………………………………..

Telephone number…………………………………………………………………………

Registered GP………………………………………………………………………………

**Next of Kin (not necessarily partner)**

Name…………………………………………………………………………………

Relationship…………………………………………………………………………

Address……………………………………………………………………………….

………………………………………………………………………………………….

………………………………………………………………………………………….

Telephone number…………………………………………………………………….

**Is an interpreter required**? YES / NO What language?............................................