

 **Early Pregnancy Referral Form**

Please send the completed referral form to the relevant location:

Wexham Park Hospital: F hft.earlypregnancyandugccwph@nhs.net

Frimley Park Hospital: fhft.earlypregnancyandugccfph@nhs.net

To note this is not a walk-in service, the patient will be contacted by the service to arrange an admission at the Urgent Gynae Care Centre (UGCC).

Further service details (including inclusion and exclusion criteria) can be found here: [Same Day Emergency Care (SDEC) | NHS Frimley Health Foundation Trust (fhft.nhs.uk)](https://www.fhft.nhs.uk/gps/gp-centre/sdec-including-ambulatory-care/) (or via DXS)

NHS number: Hospital Number: Name:

Date of Birth: Address:

**General Details**

Username: Bleep/Contact No:

Requesting Consultant/GP: Location:

Clinical Details: Priority:

Reason for referral: Parity: Miscarriage/Ectopic: Previous Ectopic: Menstrual Cycle: LMP:

Amenorrhoea in Weeks: Pregnancy Test:

Date of Positive Test:

Pain:

Bleeding:

Clinical Details:

Relevant History:

Patient's Contact Number Consent agreed:

Additional Comments:

Referrer’s Name:

# Accessible Information Needs (AIS):



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| --- | --- |
| Contact: |  |
| Contact Title: |  |
| Contact Email: |  |
| Date First Uploaded: | June 2022 |

|  |  |
| --- | --- |
| Review Date: | July 2024 |
| Date Updated: | July 2022 |
| New Review Date: |  |

Feedback Contact: D XSfrimleyICS@nhs.net

*(Note, patient information is not to be sent to this address)* FHC3178