**Referral form for Preconception Counselling Clinic**

Preconception Counselling for Women with Pre-existing Medical Conditions

When discussing a referral, please let your patient know that:

* We aim to contact them by post with an appointment as soon as possible
* Should there be any delays, the patient can contact the clinic themselves directly on

01582 497156 and request an appointment

* The face-to-face appointment will last approximately 30 minutes

Please complete the following information and email to: [LDH-TR.BedfordshirePPC@nhs.net](mailto:LDH-TR.BedfordshirePPC@nhs.net)

|  |  |
| --- | --- |
| **Date:** |  |
| **Site being referred to:** | Luton & Dunstable Hospital |
| **Name:** |  |
| **Date of birth:** |  |
| **Telephone number:**  (home and/or mobile) |  |
| **Address:** |  |
|  |  |
| **Medical comorbidities:**  (e.g. Type I diabetes, hypertension) |  |
| **Medications:** |  |
| **BMI:** |  |
| **Gravida:** |  |
| **Parity:** |  |
| **Reason for PPC referral:**  (Please select one or more) | Pre-existing hypertension (On two or more agents) or early onset pre-eclampsia before 34 weeks  Pre-existing Type 2 DM with HbA1c >48mmol  Medication Review – requires advice and guidance  High BMI (>35) + 1 or more of the above |

If you feel there is further information that it would be helpful to share, please detail below.

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Thank you

**Maternal Medicine Team**