**Referral form for Preconception Counselling Clinic**

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

* We aim to contact them by post with an appointment as soon as possible
* The face-to-face appointment will last approximately 30 minutes
* Pre-existing diabetes will be seen with an Obstetrician and Endocrine consultant

Please complete the following information and email to: [maternalmedicine@mkuh.nhs.uk](mailto:maternalmedicine@mkuh.nhs.uk)

|  |  |
| --- | --- |
| **Date:** |  |
| **Site being referred to:** | Milton Keynes University Hospital |
| **NHS no.** |  |
| **Name:** |  |
| **Date of birth:** |  |
| **Telephone number:**  (home and/or mobile) |  |
| **Address:** |  |
|  |  |
| **Medical comorbidities:** |  |
| **Medications:** |  |
| **BMI:** |  |
| **Gravida:** |  |
| **Parity:** |  |
| **Reason for PPC referral:**  (Please select one or more) | Pre-existing Type I/II Diabetes – specialist clinic  Chronic hypertension  Epilepsy  Other: please detail |

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

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Please provide your E-mail address so we can contact you if more information is needed.

E-mail: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you

**Maternal Medicine Team**