



East and North Hertfordshire **NHS**

NHS Trust

Early Bird Self Referral Form

Congratulations – please complete this form and return to:
earlybirdbooking.enh-tr@nhs.net.

You will receive a letter offering you an appointment, a screening leaflet and a green pregnancy booklet for you to begin filling in within 7 days of receiving a completed referral form.

Surname:	Date of Birth:
Forename:	Smokes: YES/NO
Previous Name:	GP Name:
Address:	Address:
Postcode:	Postcode:
Telephone No.:	NHS No.:
Mobile No.:	
Partners Name:	Smokes: YES/NO
Partners Address:	Ethnicity Yourself: Partner:
Postcode:	
LMP (last menstrual period):	Is your menstrual cycle regular? YES/NO
No. of days of your cycle:	Have you taken folic acid: YES/NO
Height:	Weight:
Previous Pregnancies Date Gender Place	Gender of last baby: M/F Gestation: Weight: Place of Birth: Type of Birth:
Medical Problems:	

