**The Royal Wolverhampton Hospitals NHS Trust**

**Community Midwife Referral**

**Date referred to Midwife: Date contacted by Midwife:**

**Booking appointment date and time:**

**GP practice: Named Midwife:**

**Patient name:**

**DOB:**

**NHS number: Hospital number:**

**Address:**

**Contact number(s):**

**Interpreter required: Language:**

**Ethnic origin of baby’s mother:**

**Ethnic origin of baby’s father:**

**LMP: EDD:**

**Gestation at referral:**

**Hospital of choice for care provision:**

**Previous pregnancies:**

**Height: Weight: BMI:**

**On completion please e-mail to: rwh-tr.communitymidwifereferrals@nhs.net**

**Any queries please contact the Community Midwives Office 01902 695140.**