

Midwife Referral Form

Congratulations on your pregnancy, please fill in your details below and return this form to the Ivel Medical Centre.

Please make an appointment to see the Midwife once this form has been completed (you will need to be 8 weeks or over at your appointment) to discuss your referral to your chosen hospital, booking bloods and dating scan.

Thank you.

Name:

Address:

Telephone Number:

NHS Number:

Preferred Hospital:

First day of last period:

Any Previous pregnancies or any concerns you may have:

If you have any immediate concerns, then please contact the Biggleswade Community midwifery team on 01767 224173 or Cygnet Wing on 01234 792073