H	SC

Please complete this form when you are in your 8<sup>th</sup> week of pregnancy. We will arrange the first Booking appointment for you. Please return via post or email your completed form to email/address below, before then please:

Please notify your GP of your pregnancy

Order a prescription from your GP for:

Vitamin D = 10micrograms per day

Folic acid = 400micrograms per day NB. please contact your Gp

IF THERE IS A FAMILY HISTORY OF EPILEPSY, DIABETES, SPINA BIFIDA OR YOUR BMI IS ABOVE 30 OR YOU ARE PERSCRIBED SPECIFIC MEDICATIONS THIS DOSE MAY NEED TO BE HIGHER

Alternatively, you can buy a suitable pregnancy multivitamin that contains both of these. If you have not already started this medication, it is very important you start as soon as possible and continues for at least the first 12 weeks of your pregnancy.

Please ensure ALL details are accurate to ensure a Smooth and timely referral to maternity services. Please note your antenatal appointments may be allocated by geographical area not where you intend to give birth.

I would prefer to give birth at: Ulster

Lagan Valley Birthing Centre

Previous blood transfusio	No Yes					
Height:	Weight:	BMI:				
Do you have any disabili	ty in accessing facilities, please detail so we ca	n accommodate vour needs:				
Illnesses/operations:						
Prescribed medications:	IF YOU ARE ON PRESCRIBED MEDICA	TION PLEASE				
CONTACT YOUR GP AS SOON AS POSSIBLE						
		TOODIDEE				
Allergies:						
, S						



## **ARE YOU NEWLY PREGNANT & WISH TO CONTACT A MIDWIFE?**

Before your booking ap contact your Gp imme emergency services in	ediately. If ble	edi								
Title:	Forenames ir				in full:					
Age:	Surname :									
Date of Birth:	Previous surn				:					
Address (including postcode)										
Health and care number					Email address:					
Home Tel Number:			Mobile Number:							
Can we contact you via	text message			Yes			No			
Can we contact you via	Can we contact you via email message			Yes			No			
Marital status:		Nationality:								
Ethnic group:		er required first language:								
No Yes   GP – Name/Address/Postcode First day of last menstrual period or best estimate:						best estimate:				
Name of Baby Type of birth			Year of birth	Type of birth (normal vaginal birth, caesarean section, Assisted birth)						
(028) 90 561364		(028) 44 616995					(028) 92 633534			
Maternity.Reception @setrust.hscni.net		<u>Downe.Midwives@</u> <u>setrust.hscni.net</u>			LaganValley.Mi setrust.hscni.ne					
Maternity outpatients Dept. Ulster Maternity Hospital. Upper Newtownards Road. Dundonald. Co Down. BT16 1RH	led Do 2 S Ro Do	Downe Midwifery led unit. Downe Hospital. 2 Struell Wells Road. Downpatrick. BT30 6RL					Lagan '	ey Birthing Centre. ey Hospital. bugh Road.		