University College London Hospitals NHS
NHS Foundation Trust
Fetal Medicine Unit, Integrated Antenatal Service, Elizabeth Garrett Anderson Wing, University College Hospital, 235 Euston Road, London, NW1 2BU
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REFERRAL TO THE FETAL MEDICINE UNIT

Date of referral:	**Previously attended FMU : Yes / No**	
Name:	**Date of Birth:**	**NHS number:**
Address: **Postcode**		
Home Tel:	**Mobile No:**	**Work No:**
Referring Consultant:	**Referring Unit contact number:**	
Referring Unit address: (In case of queries) **Postcode**		
Name of GP:	**Name of Practice:**	
Address: **Postcode:**		
LMP:	**EDD:**	**Blood group:**
Referral for: Down's Syndrome screening / Detailed Scan / CVS / Amniocentesis / Other (please state) **Indication:**		
Interpreting services: (please delete as appropriate)	**Language required:**	
FOR FMU USE ONLY:		
Appointment Date:	**Time:**	
FMU Consultant:	**Appointment made by:**	

Please fax referral to 02034476195 (include screening results and details of any previous affected pregnancies, family history or relevant ultrasound findings)