

## Women's Health Psychological Services for Perinatal Loss Referral Form

Please email to [lola.darani@uclh.nhs.uk](mailto:lola.darani@uclh.nhs.uk) or [Antenatal.Secretaries@uclh.nhs.uk](mailto:Antenatal.Secretaries@uclh.nhs.uk)

**Note: Please see Check List for referrals at the end of this form**

Personal details <i>(please enter details legibly in block capitals incomplete forms will be returned)</i>					
First name:		Surname:			
Hospital No:		DOB:			
Address:		Postcode:			
Telephone:		Mobile Telephone:			
Preferred language:		Interpreter required?	Yes		No
Ethnicity:		Nationality:			
Religion:		Marital status:			
GP details <i>(please enter details legibly in block capitals)</i>					
Name:					
Address:		Post code:			
Telephone:		Fax No:			
Referrer details <i>(please enter details legibly in block capitals)</i>					
Name:					
Address:		Post code:			
Telephone:		Fax:			
Clinical information					
Type of Loss (incl. NND on L/W)		Date of delivery			
Gestation		Date of Death			
Baby Name (if applicable)		PM consent:	YES		NO
Obstetrician:		Previous loss	YES		NO
Named Midwife		Next appt:			
Previous Pregnancies and Obstetric History :					
Reason for Referral and additional information:					
Past or current Social Work involvement (if YES, please give details below)			Yes		NO
Are there current concerns about this woman's social functioning			Yes		NO
Current social circumstances (details problems in the areas listed) <span style="float: right;">( √ if Yes / X if NO)</span>					
Employment					
Financial/debts					
Housing/homelessness					
Social support (or lack of)					
Do you need to receive correspondence regarding this referral? <small>(We would otherwise correspond mainly with the GP)</small>			YES		NO

**Checklist for referrers**

Has the patient experienced a perinatal loss at over 14 weeks gestation?

In case of neonatal loss on the NNU please contact Kati Gray, NNU Psychotherapist:  
[kati.gray@uclh.nhs.uk](mailto:kati.gray@uclh.nhs.uk)

In case of recurrent miscarriage, please contact Carmel Dennehy, RMU Psychotherapist:  
[carmel.dennehy@uclh.nhs.uk](mailto:carmel.dennehy@uclh.nhs.uk)

Did this event occur more or less within the last 6 months?

The patient has consented to the referral?

Has the patient been given a leaflet about the service?

Has the bereavement team been notified about this referral?

If not, please copy this referral in Lyn Gilbert/Cherie Raphael to let her know: [lyn.gilbert@uclh.nhs.uk](mailto:lyn.gilbert@uclh.nhs.uk) / [cherie.rafael@uclh.nhs.uk](mailto:cherie.rafael@uclh.nhs.uk)

**THANK YOU VERY MUCH FOR YOUR COOPERATION**