**Newham Family Nurse Partnership Notification Form**

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| **Inclusion criteria** |
| * **Age 19 years or under at LMP (Last Menstrual Period)**
* **Pregnant with first child** (include if previous pregnancy ended in miscarriage, stillbirth or termination. Multiple births are also included)
* **Early pregnancy - less than 28 weeks** (FNP Team must receive notification before 24 weeks pregnancy)
* **Living in Newham**

**If Yes to all of the above please complete notification form** |

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| **Client Details** |
| **Expectant Mothers Name:** | **NHS No.:** **\*\*Please provide if known\*\*** |
| **Date of Birth:**  | **Age at Last Menstrual Period (LMP):** |
| **Address:** **Postcode:****Tel. No.:****Mobile No.:**  | **Estimated Delivery Date or Current Gestation in Weeks/Days:**  |
| **Contact by Text Message OK?**Yes [ ]  No [ ]  |
| **Is a Language Interpreter Required?**Yes**[ ]** No **[ ]** If Yes, language required**:** |
| **Midwife Contact Details (if available):** |
| **Expectant father/partner’s name, date of birth and contact details (if available) :**  | **GP/Practice Contact Details (if available):** |
| **Additional relevant/confidential information:**  |

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| **Name of Person Making Notification:** | **Date of Notification:** |
| **Role and Contact Details:** |  |

**Please fax/post/email referral to: Alternatively Telephone Referral to:**

Family Nurse Partnership, **FNP Administrator:** 020 7059 6709

East London NHS Foundation Trust, **or for further information contact:**

Community Health Newham, **Family Nurse Supervisor:**  020 7059 6710

Unit 3, Warehouse K, 2 Western Gateway, London, E16 1DR.

**Email:** elt-tr.FNPNewham@nhs.net **Secure Fax:** 020 7059 6767