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| Please complete this form when you are in your 8th 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 transfusion at any stage before or after the birth: | No Yes | | Height: Weight: | BMI: | | Do you have any disability in accessing facilities, please detail so we can accommodate your needs: | | | Illnesses/operations: | | | Prescribed medications: IF YOU ARE ON PRESCRIBED MEDICATION PLEASE  CONTACT YOUR GP AS SOON AS POSSIBLE | | | Allergies: | | | Before your booking appointment, if you experience any vaginal bleeding or abdominal pain please contact your Gp immediately. If bleeding is heavy or there is severe abdominal pain contact emergency services in the normal way. | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Title: | |  | | | | Forenames in full: | | | | | | | | | | Age: | |  | | | | Surname : | | | | | | | | | | Date of Birth: | |  | | | | Previous surname : | | | | | | | | | | 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 email message Yes  No | | | | | | | | | | | | | | | | Marital status: |  | | | | | | Nationality: | | | | | | | | | Ethnic group: |  | | | | | | Interpreter required first language:  No  Yes | | | | | | | | | GP – Name/Address/Postcode | | | | | | | First day of last menstrual period or best estimate: | | | | | | | | | Name of Baby Type of birth | | | | | | | Year of birth | |  | | Type of birth (normal vaginal birth, caesarean section, Assisted birth ) | | | | |  |  | | |  | | |  | |  | | | | |  | |  |  | | |  | | |  | |  | | | | |  | |  |  | | |  | | |  | |  | | | | |  | |  |  | | |  | | |  | |  | | | | |  | | (028) 90 561364  Maternity.Reception@setrust.hscni.net  Maternity outpatients Dept.  Ulster Maternity Hospital.  Upper Newtownards Road.  Dundonald.  Co Down.  BT16 1RH |  | |  | | (028) 44 616995  [Downe.Midwives@setrust.hscni.net](mailto:Downe.Midwives@setrust.hscni.net)  Downe Midwifery led unit.  Downe Hospital.  2 Struell Wells Road.  Downpatrick.  BT30 6RL | | | | |  | | (028) 92 633534  [LaganValley.Midwives@](mailto:LaganValley.Midwives@setrust.hscni.net)  setrust.hscni.net  Lagan Valley Birthing Centre.  Lagan Valley Hospital.  39 Hillsborough Road.  Lisburn.  Co. Antrim.  BT28 1JP | | | | | | |