

## Pregnancy Support Centre

Out-of-hours Referral – e-mail

<b>Date</b>		<b>Time</b>	
<b>Patient Details</b>	<b>Name:</b>		<b>CHI:</b>
<b>Contact No 1</b>		<b>Contact No 2</b>	
<b>Clinical Details</b>	<b>LMP:</b>	<b>1<sup>st</sup> Positive Test:</b>	<b>Parity:</b>
<b>Current Event</b>	<b>Pain: Y/N</b> <b>Please detail:</b>  <b>Bleeding: Y/N</b> <b>Please Detail:</b>  <b>Is this a Known IU pregnancy? Yes/No    If yes USS where:</b>		
<b>Advice given 1<sup>st</sup> call</b>			
<b>Advice given 2<sup>nd</sup> call</b>			
<b>Advice Given 3<sup>rd</sup> call</b>			

Source of referral	Please tick
Ward 210 – attendee who has gone home	
Ward 210 phone call from patient	
Ward 210 phone call from Gynae Reg	
Ward 210 phone call from A&E	
Ward 210 phone call from OOHS	
Other	
<b>Name of Person completing form:</b> email to <a href="mailto:rie.psc@nhslothian.scot.nhs.uk">rie.psc@nhslothian.scot.nhs.uk</a>	