**Prenatal Referral for Genetics**

* If unsure whether you need to refer, contact genetic counsellor on 023 8120 6170
* Complete an eReferral, attaching relevant reports eg. dating scan, confirmation of diagnosis

Please use this service: **7938285 Genetics - General - Non-Cancer - (Triage) - UHSFT - RHM – PAH**

* Email **GeneticsTeam@uhs.nhs.uk** to flag for urgency in line with guidance [on our website](https://www.uhs.nhs.uk/departments/genetics/for-health-professionals-the-referral-process).
* Due to urgency of referral, this patient agrees to be contacted by phone
* Patient is aware of this referral

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| **Patient Information**Name:DOB:Telephone:Address:GP address:**Ethnicity (If relevant)** | **Partner’s Details**Name:DOB:Telephone:Address:GP address:**Ethnicity (If relevant)** |
| **Pregnancy Information**EDD:LMP:Midwife:Where to deliver:Date & location of booking bloods: |
| **Reason for Referral** (name of condition and name of affected family member if known) |
| **Referrer details:**Name and designation: Address:Email: Phone Number: Signature of referrer: Date: Print your full name:  |