**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**](mailto: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: | |