

CONFIDENTIAL

PART 1: MATERNAL DETAILS		
I. Demographic information		
Date of birth: ____/____/____	Soundex:	
NHS no.:	<cgd]hU`bc".:Á Á Á Á Á Á Á Á Á Á	
Is the woman registered with a GP? Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender the same as when registered at birth? <input type="checkbox"/> Yes F, <input type="checkbox"/> No M, <input type="checkbox"/> No non-binary, <input type="checkbox"/> No - other	
Ethnic origin:		
<i>White</i> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<i>Black or Black British</i> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	<i>Other Ethnic Groups</i> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group, please specify..... <input type="checkbox"/> Not stated
<i>Mixed</i> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	<i>Asian or Asian British</i> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	
Postcode (leave off last letter):		
Country of birth: If country of birth not UK, date of arrival: ____/____/____ <input type="checkbox"/> Exact date/year not known, timing: <input type="checkbox"/> during pregnancy (date not known) <input type="checkbox"/> <1year prior to pregnancy <input type="checkbox"/> 1-5 years prior to pregnancy <input type="checkbox"/> 5-10years prior to pregnancy <input type="checkbox"/> >10years prior to pregnancy		
II. Social circumstances		
Employment status at booking: <input type="checkbox"/> Employed (full or part-time) <input type="checkbox"/> Home <input type="checkbox"/> Sick <input type="checkbox"/> Student		

Is this an IVF pregnancy? Yes No Not known

Estimated date of delivery (by ultrasound): ___/___/___

Pregnancy status:

Continuing to term

Miscarriage* - date: ___/___/___ at: a w