

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:																												
<table border="0"> <tr> <td><i>White</i></td> <td><i>Black or Black British</i></td> <td><i>Other Ethnic Groups</i></td> </tr> <tr> <td><input type="checkbox"/> British</td> <td><input type="checkbox"/> Caribbean</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Irish</td> <td><input type="checkbox"/> African</td> <td><input type="checkbox"/> Any other ethnic group, please specify.....</td> </tr> <tr> <td><input type="checkbox"/> Any other White background</td> <td><input type="checkbox"/> Any other Black background</td> <td></td> </tr> <tr> <td><i>Mixed</i></td> <td><i>Asian or Asian British</i></td> <td><input type="checkbox"/> Not stated</td> </tr> <tr> <td><input type="checkbox"/> White and Black Caribbean</td> <td><input type="checkbox"/> Indian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> White and Black African</td> <td><input type="checkbox"/> Pakistani</td> <td></td> </tr> <tr> <td><input type="checkbox"/> White and Asian</td> <td><input type="checkbox"/> Bangladeshi</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Any other mixed background</td> <td><input type="checkbox"/> Any other Asian background</td> <td></td> </tr> </table>		<i>White</i>	<i>Black or Black British</i>	<i>Other Ethnic Groups</i>	<input type="checkbox"/> British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Irish	<input type="checkbox"/> African	<input type="checkbox"/> Any other ethnic group, please specify.....	<input type="checkbox"/> Any other White background	<input type="checkbox"/> Any other Black background		<i>Mixed</i>	<i>Asian or Asian British</i>	<input type="checkbox"/> Not stated	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian		<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani		<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi		<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Any other Asian background	
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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