

NHS No: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 CR No: \_\_\_\_\_

Affix patient label

# Haematology / Obstetric Clinic - Initial appointment record

<b>Consultant:</b>		<b>Obstetrician:</b>	<b>Specialist Nurse:</b>
Date referred:		Referred by:	
Date received:		Date seen:	
<b>Haematology clinical history</b>			
EDD:			
<b>Medication history</b>			
<b>General observations</b>		<b>Medical examination</b>	
Weight:	Height:	Chest:	
BMI:	BP:	Legs:	
Pulse:	O2 sats:	Compression hosiery: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Urine:			
<b>Plan of care - Haematology</b>			
Antenatal / Intra-partum:			
Post-partum:			
Follow-up pathway (to be seen by): Consultant Haematologist / Thrombosis CNS			
Completed / Seen by - Consultant <input type="checkbox"/> Thrombosis nurse <input type="checkbox"/> Name:		Date: Time:	Sign: Print:

affix patient label

## Obstetric examination

## Plan of care - Obstetrics

Antenatal:

Intra-partum:

Post-partum:

Completed / Seen by -  
Consultant   
Name:

Date:  
Time:

Sign:  
Print:  
Designation:

Obstetric care to continue? Yes  No   
Anaesthetic letter? Yes  No   
Letter to GP / Consultant? Yes  No   
Letter to Neonatologist? Yes  No   
FU in clinic required? Yes  No

Date of next FU appt: