Barts Health NHS
NHS Trust

Clinical Outcome Form – ANC

Section 1 – Patient Details

Use a sticker if available				
	Patient Name:			
	MRN Number:		Clinic Name:	
	Date of Birth:		Clinic Date:	
EDD:			Appt Time:	

Section 2 – DNA (if applicable)

◯ DNA x 1 – Rebook ◯ DNA x 2 - Inform Midwife in charge

Section 3 – Referrals made to:

◯ Anaesthetic Clinic
◯ Breech Clinic
◯ Birth Choices
◯ Diabetic Team: Type I Type II Existing GDM (*please circle*)
◯ Fetal Echocardiogram
◯ IOL (Induction of Labour)
◯ Lotus Clinic
◯ Ruby Team
◯ Smoking Cessation
◯ VBAC (Vaginal Birth after Caesarean)

Section 4 – Outcome of today's appointment

◯ The patient needs a telephone follow-up appointment
◯ The patient needs a face-to-face follow-up appointment
◯ The patient added to an Elective waiting list

Section 5 – Next Steps (follow-up appointment or if applicable)

Doctor: ☐ Anwen Gorry ☐ Bashir Dawlatly ☐ Dilip Visvanathan ☐ Fredric Willmott ☐ Ismail Wong ☐ Mehrnoosh Aref-Adib ☐ Rebecca Allen ☐ Reeba Oliver ☐ Reena Kotecha ☐ Sotiris Vimplis ☐ Sujatha Thamban ☐ Other: please specify……	Appointment required at gestation: _____ (please specify in weeks) **Reason for request:** (If only woman require an appointment with another consultant): Consultant authorise overbooking?☐
Scan Type: ☐ Nuchal ☐ Anomaly ☐ Growth ☐ Foetal Medicine (***please request via power chart***)	Appointment required at gestation:_____ (please specify in weeks) **Reason for request**:
Midwife: ☐ Community ☐ Antenatal Clinic (ANC)	Appointment required at gestation:_____ (please specify in weeks)
Other: ☐ Pre-Assessment ☐ other – please specify……	Appointment required at gestation:_____ (please specify in weeks)

Form Completed by (Full Name & Designation):	Date: