**NHS logo
North Bristol NHS Trust**

Referral For Assessment of Placenta Accreta Spectrum

# Patient Details:

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| **Patient Name:**  **Patient DOB:**  **Patient NHS Number:** |

# Referral Details:

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| **Referral Date:** |  |
| **Referring Centre:** |  |
| **Referring Clinician:** |  |
| **Referrer Contact Details:** |  |

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| **Patient Mobile Number:** |

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| --- | --- | --- | --- |
| **Gravida:** |  | **Para:** |  |
| **Current Gestation:** |  | **EDD:** |  |
| **Previous Vaginal Deliveries:** |  | **Previous Caesarean Sections:** |  |

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| **Details of Any Previous Uterine Surgeries:** |

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| **Current USS Report Summary (PLEASE INCLUDE A COPY):** |

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| **Other Relevant Obstetric History:** |

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| **Relevant Clinical History:** |

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| **Next ANC Appointment Date:** |

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| **Patient Aware of Referral: Yes  No** |

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| **Patient Given Information Leaflet (NBT ONLY): Yes  No** |

**To be able to accept a transfer of care, we ask that you please liaise with your finance/ management team to provide a payment agreement. Please contact us on the email below, when this is agreed. Please note, University Hospitals Bristol is exempt from any payment agreement.**

**Please email to** [**AIPMDT@nbt.nhs.uk**](mailto:AIPMDT@nbt.nhs.uk)

**Please note that the MDT takes place on a fortnightly basis. If your referral is more urgent, please contact the MDT coordinator (Kathryn McConnachie on 01174147140 or via Kathryn.McConnachie@nbt.nhs.uk) or the on call obstetric consultant.**