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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**

**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.**