

Newham Family Nurse Partnership Notification Form

Inclusion criteria

- ✓ Age 24 years or under at LMP (Last Menstrual Period)
- ✓ Pregnant with first child (include if previous pregnancy ended in miscarriage, stillbirth or termination. Multiple births are also included)
- ✓ Early pregnancy - less than 28 weeks (FNP Team must receive notification before 24 weeks pregnancy)
- ✓ Living in Newham

If Yes to all of the above please complete notification form

Client details

Expectant Mother's name:	<input type="text"/>	NHS number:	<input type="text"/>
Date of Birth:	<input type="text"/>	Age at last menstrual period (LMP):	<input type="text"/>
Address:	<input type="text"/>	Estimated Delivery Date or Current Gestation in Weeks/Days:	<input type="text"/>
Post Code:	<input type="text"/>	Family aware of pregnancy?	<input type="text"/>
Telephone Number:	<input type="text"/>	Contact by text message ok?	<input type="text"/>
Mobile Number:	<input type="text"/>	Do they require an interpreter?	<input type="text"/>
Number confirmed:	<input type="text"/>	If yes what language	<input type="text"/>
Difficult to contact? (If yes, how to contact, e.g. phone number of mother)	<input type="text"/>	Education establishment	<input type="text"/>
GP/Practice Contact Details (if available):	<input type="text"/>	Midwife Contact Details (if available):	<input type="text"/>
Expectant father/partner's name, DOB and contact details (if available) :	<input type="text"/>		

Additional information about the expectant mother

Are they a looked after child or a care leaver?	<input type="text"/>
Do they have learning difficulties / needs?	<input type="text"/>
Are they known to Social Services? (Current or historical)	<input type="text"/>
Are there concerns regarding domestic abuse (Current or historical)	<input type="text"/>
Are they homeless / socially isolated?	<input type="text"/>
Do they or have they misused substances?	<input type="text"/>
Are they currently NEET? (Not in education, employment or training)	<input type="text"/>
Do they have mental health problems? (Current or historical)	<input type="text"/>
Are there child sexual exploitation (CSE) or trafficking concerns?	<input type="text"/>
Have they been subjected to or are they at risk of female genital mutilation (FGM)?	<input type="text"/>
If 'yes' please state what category?	<input type="text"/>

Additional relevant safeguarding information / risks / concerns (e.g. dog(s) in the home)

Information received from

Name of Person Making Notification:	<input type="text"/>
Role and Contact Details:	<input type="text"/>
Date of Referral:	<input type="text"/>

Please post/email referral to:
 Family Nurse Partnership Team, 3rd Floor East Wing, 1000 Dockside, Newham, E16 2QU
 Email: FNP@newham.gov.uk
 Telephone: 0203 373 9985
 FNP Supervisor Emily Hayles

Self-referrals and telephone notifications also accepted