

Maternity Summary Record

Please use black ink

Confidential

Personal details

CHI Age

Previous surname

Likes to be called

Home ☎

Other ☎

Change of details

Your address

.....
 Postcode

Home ☎

Other ☎

Partner/supporter details

Please tick if emergency contact

Name

Date of Birth

Relationship

Address

.....
 Postcode

Home ☎

Other ☎

Alternative/emergency contact

Name

Relationship

Address

.....
 Postcode

Home ☎

Other ☎

Directions to home

.....

Affix label here or complete by hand

Unit No

Surname/family name

First name(s)

Date of birth ____ / ____ / ____

Address

.....

..... Postcode

Parity +

Agreed EDD ____ / ____ / ____

LMP ____ / ____ / ____

Blood group

Thrombosis risk factors

Previous DVT BMI >30 Age >35

Parity >4 Other

Allergies

Height Weight BMI

Special features

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1							
2							
3							
4							
5							
6							
7							
8							

Personal details

Ethnic group

Current religion or faith

Language used at home

Help needed with interpreting, communicating or advocacy No Yes

Cultural requirements/details on the above
.....
.....
.....
.....
.....

Occupation

Health and safety advice needed No Yes

Maternity benefits advice needed No Yes

Details on the above
.....
.....
.....

Social circumstances/family support
.....
.....
.....
.....

Referrals

..... / / To

..... / / To

..... / / To

Key professionals

Named midwife

Midwifery team

Base

📍

Obstetrician

Clinic

📍

Health Visitor

Base

📍

Social Worker

Base

📍

Health status

Specific dietary needs No Yes

Smoking status

At risk of passive smoking No Yes

Problem drug/alcohol use No Yes

Details of any of the above
.....
.....
.....

Domestic abuse

Seen alone at booking No Yes

Routine enquiry question asked No Yes

Abuse disclosed No Yes

Current Past

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

Comments
.....
.....

Child protection

Issue raised on ____ / ____ / ____

Comments
.....
.....
.....

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

General Practitioner

Base

📍

Practice code

Other

Designation

Base

📍

Other

Designation

Base

📍

