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| **Pregnancy and Birth Revisited Self-Referral Form***This form will be used for assessment and you will be contacted by a member of the maternity team* |
| **How did you know about Birth and Pregnancy Revisited?*** I was given information about the service during my stay on the maternity unit.
* My community midwife told be about the service
* Other (please state)……………………………………………………………………
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| **Please give us some details about you:**Name…………………………………………Date of birth…………………………………Address………………………………………………………………………………………..………………………………………………..Telephone contact………………………………….Email…………………………………….Do we have your permission to leave a message for you on this number? YES/NO | **It would be helpful if you can give us some basic information about your delivery**Was your delivery (please tick)* A vaginal delivery
* A vaginal delivery with instrumental assistance (for example forceps)
* Were you induced
* Elective caesarean section
* Emergency caesarean section

Place of Delivery ……………………………..Date of Delivery……………………………………… |
| **Can you give us an idea of the most important thing for you that you would like to address in Birth and Pregnancy Revisited (tick as many options as feels relevant)*** I have some questions about my delivery and would like to work through my experience with a senior midwife so that I can understand what happened
* I am happy with my delivery and midwifery care but I have specific medical questions and would like a medical consultation
* I am uncertain about a future pregnancy and would like some reassurance that I could have a preconception discussion at an appropriate time
* I am unhappy about aspect(s) of my care and I would like the opportunity to talk about them
* This is my first pregnancy and I am anxious around the birth
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Please note you must be six weeks postnatal or your referral will not be processed.

**In your own words, please tell us a little about your birth experience and what you would hope to gain from a Birth Revisited discussion**

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**Please return to Birth And Pregnancy Revisited, Delivery Suite, Lancaster Park Road, Harrogate, HG2 7SX or email form to** **hdft.pabr@nhs.net**