**Sandwell Unborn Baby Network**

**Referral**

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| **Referrer details** | |
| **Name:** | **Designation:** |
| **Organisation:** | **Contact number:** |
| **Contact email:** | **Date of referral:** |
| **Consent obtained?** | **Yes/No** |
| **NB:** If you do not have consent and/or have not informed the parent(s) please do not make this referral. Discuss this referral with the parent(s). This referral is for early intervention, preventative and partnership working. If you have **immediate safeguarding concerns**, please complete a **MARF** not SUBN referral. | |
| **Parent details** | |
| **Name of mother:** | **Name of father:** |
| **DOB:** | **DOB:** |
| **NHS Number / LCS Number / EHM Number**  **(please specify)** | **NHS Number / LCS Number / EHM Number**  **(please specify)** |
| **Address:** | **Address:** |
| **Contact details:** | **Contact details:** |
| **Unborn details** | |
| **EDD:** | **Hospital:** |
| **Midwife:** | **GP of Mother:** |
| **Family members / Significant others** | |
|  | |
| **Reason for referral / Nature of concern(s)** | |
|  | |
| **What support is being request from SUBN panel?** | **What support is currently in place?** |
|  |  |

All referrals to be submitted to: swbh.SUBNreferrals@nhs.net

SUBN Meetings are held the on the last Friday of each month between 10-12pm.

**ALL referrals to be received by the 3rd Friday of each month.**