

Medway Multi-agency Teenage Pregnancy Referral Form
 (Health visiting / Midwifery / Connexions)
 Please return to : Public Health Team, Municipal Buildings, Canterbury Street,
 Gillingham, Kent, ME7 5LA

DATE: / /	AGENCY:	LEAD:
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Name:		Date of birth: / /
Address:		Mobile phone:
Post code:		Home phone:
Next of kin:		Contact number:
Relationship:		

Other professionals?	Named contact	OK to share info?
Health Visitor		Yes / No
Midwife		Yes / No
G.P.		Yes / No
Connexions PA		Yes / No
Social worker		Yes / No
School nurse		Yes / No
Housing		Yes / No
Name of school / college (if applicable):		

Expected due date: / /	OR	Child's name:	DoB: / /
CHIN:		CP:	
Partner involved:	Yes / No	Name:	
Family support:	Yes / No		
Living with parents / family:	Yes / No		
Sexual health support needed:	Yes / No		
Drug / alcohol use:	Yes / No		
Involved in Step4ward:	Yes / No		

What would the young person like to receive from the T.P service? :

For office use only:

Copies provided to:	Health visiting	Midwifery	Connexions
Entered on database:	By:	Date: / /	