

Brent Sickle Cell & Thalassaemia Centre
 (London Northwest Healthcare NHS Trust)
Antenatal Screening and Counselling Form

Client		Partner	
Surname		Surname	
First name		First name	
Address		Address	
Tel		Tel	
DoB		DoB	
NHS No.		NHS No.	
Hospital No.		Hospital No.	
GP		GP	
Address/Tel.		Address	
Ethnic Group		Ethnic Group	
Language spoken		Language spoken	
Interpreter needed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation		Occupation	
Religion		Religion	

Haematology Results

	Date Tested	Hb Type	Hb	RBC	MCV	MCH	A ₂	F	Result to patient	Result to patient for GP
Client										
Partner										

At risk Couple?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Couple informed of risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GP informed of risk?	<input type="checkbox"/>	<input type="checkbox"/>	ANC informed of risk?	<input type="checkbox"/>	<input type="checkbox"/>

Obstetric History

	Hospital	Consultant
LMP / / / / ...
	Gest. Age at testing /40	EDD
		Grav./Para

Client prev. counselled	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hosp. where tested		Where Counsellled		Hb Result	
Partner prev. tested	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hosp. where tested		Date tested / /	Hb Result	

Details of Children

Name	DoB	Hospital	M/F	Hb Type	Comments

Full Name:	DoB:	NHS No.
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Counselling Details

Date of appointments: [1] / / [2] / / Gest. age at counselling: / 40

Attended with partner Attended alone Partner attended alone Did not attend

Partner Screening: Blood sample taken Laboratory forms given / Sent date sent.....

Reason for not attending (*if known*):.....

Information discussed

	Yes	No	N/A
1. Difference between blood group and Hb type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What is a red blood cell and its function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Types of haemoglobin (normal and abnormal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Population affected and proportion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical effect of trait/disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Genetic and health implications for nuclear and extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Testing offered to other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Client understanding checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prenatal Diagnosis

Discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If PND not accepted, reason given.....

If PND accepted, name of Dr: Centre referred to: Result of PND:

At risk- couple letter to parents to inform Centre of birth: Yes No If no state reason:.....

Termination of pregnancy? Yes No

Post ToP contact

Outcome of contact:

Neonatal Outcome

Registered Name:..... DoB: / / Sex: M F Lab No:

NHS No:..... Neonate Result Hb type: Date Parents informed of baby's result:.....

PND Centre informed of Neonatal result (*if relevant*): Yes No

Notes

Date	Comments	Name Signature

