**Prolonged Jaundice Clinic Referral Form**

**Royal Free Hospital**

Pond Street

London NW3 2QG

[www.royalfree.nhs.uk](http://www.royalfree.nhs.uk)

**Important advice about the clinic for parents and for referrers:**

* All sections of the form must be typed or written clearly.
* Referrals which have no phone contact details for parents will not be accepted.
* Once referral is received, parents will be contacted to arrange an appointment. There is no walk-in service.

**Criteria for referrals:** **1. The baby has jaundice.**

 **2. The baby is over 14 days old for term babies.**

 **3. The baby is over 21 days old for pre-term babies.**

**Details of referrer:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Profession |  |
| GP practice/ MW Team/H/V Team |  | Borough |  |

**Baby’s Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender |   | Baby’s name |  | Date of birth |  |
| NHS no. |  | Place of BirthHospital |  |
| Alternative Names |  | Date of referral: |
| Mother’s name |  | Phone no |  |
| Mother’s full address |  | Post code |  |
| GP’s name |  | Phone no |  |
| GP’s full address |  | Post code |  |
| Symptoms: |
| Has the baby got any other health concerns? (If yes, please state) |

**Please return completed referral form to: rf-tr.prolongedjaundicereferrals@nhs.net**