**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 Birth  Hospital |  | | |
| 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**