EMEESY

Children's Kidney Network for the East Midlands, East of England and South Yorkshire

Antenatal Counselling Referral

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Fix addressograph sticker here	Person completing form: Base hospital and responsible consultant: Patient currently booked to deliver at:

Date of referral:	Date of most recent scan:	EDD:

Indication for referral (please specify renal pelvic AP diameter in cases with hydronephrosis, please attach most recent scan report) :

	Are any of the following features present? (Please tick as appropriate):
	1. Bilateral hydronephrosis or unilateral hydronephrosis in a fetus with a single kidney or suspected non-functioning contralateral kidney
	2. Oligohydramnios
	3. Suspected bladder outlet obstruction
	4. Bilateral renal parenchymal abnormality
	5. Unilateral renal abnormality with normal contralateral kidney
	6. Other, non-renal anomalies suspected – please specify below
	7. Syndromic/genetic cause suspected – please specify below
	8. Family history of renal disease - please specify below

Has the patient been referred to any other teams for counselling? If yes, please specify

Further Information:

Interpreter required: Yes / No Language:	Patient contact number:	GP name & base:

Safeguarding concerns: Yes / No If yes, please specify and include details of named social worker