**BCHC Referral in template**

**Requesting Neo-natal BCG vaccination.**

BCHC will accept referral for babies under the age of 12 months who

* Were born at Birmingham Women’s Hospital, Heartlands Hospital, Good Hope Hospital and Solihull Hospital.
* Moved into Birmingham or Solihull and one of the named hospitals is their closest maternity unit.

Please complete both sides of this form and return to Bchc.bcginarea@nhs.net

For babies born at City Hospital or moved into Birmingham and City Hospital is the closest maternity unit to their address these babies should be referred to City Hospital.

Please note babies aged over 12 months should be referred to the chest clinic:

TB SERVICE:  e-mail:  bhamandsoltbservice@nhs.net  followed by a telephone call 0121 424 1935

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| --- |
| Infant details |
| Name: | Male | Female |
| Date of Birth:. |  NHS No: |
| Address: |
| Eligibility for BCG –please give details  |
| SCID Screening completed  | YES | NO |
| SCID screening result  | Suspected | Not Suspected | Not Known | N/A |

|  |  |
| --- | --- |
| Mother’s name: | NHS number: |
| Address *(if different from above)*: |
|  |
| Daytime Contact Number/ Mobile *(please ensure this is up to date):* |
| Email: |
| Mother’s details continued… |
| Interpreter required? | Yes | No | Language: |
| Maternal health issues that may affect infant BCG vaccination: |
| Mother HIV positive: | Viral load: Gestation week: |
| Mother received any relevant medication or critical care during pregnancy or breastfeeding: | Detail: |
| Mother tested positive for Covid 19 during pregnancy.**Was mother admitted to hospital -please give detail including any treatment provided-including medication administered.** | YES NO |
| Child Protection Details – please add any relevant information |
|  |
| **Social Worker name:** | **Contact details**; |
| Additional Information |
|  |