



MY DETAILS:

Medical/NHS Number:

Previous NHS Number:

Name (On system):

Age:

Preferred name:

My chosen parent name:

Gender Identity:

My pronouns are:

Sexuality:

MY FAMILY:

My Family Unit comprises of: who is my

Their preferred name is:

Their pronouns are:

Their chosen name is:

Other children:

Their chosen parent name is:

My Family Unit comprises of: who is my

Their preferred name is:

Their pronouns are:

Their chosen name is:

Other children:

Their chosen parent name is:

My Family Unit comprises of: who is my

Their preferred name is:

Their pronouns are:

Their chosen name is:

Other children:

Their chosen parent name is:

FAMILY CREATION:

Family creation Pathway:

Home AI / IUI / IVF/ RECIPROCAL IVF / ICSI / Sexual Intercourse (please circle)

Other:

Use of Donor: EGG / SPERM / BOTH (please circle)

Use of Surrogate: YES / NO

Previous pregnancies:

Miscarriage or baby loss:



SAFETY:

Things that I would like to be done or said to me:

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Things I do not want to share, or that I find difficult to discuss:

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Things that make me feel unsafe:

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Thank you for reading and supporting me and our family to create a inclusive, safe and positive maternity experience.



MY BIRTH CHOICES:

I would like to birth:

I would like to have whilst I birth:

If I need someone to advocate for me, this person or people would be:

My Partner(s)/ Co-Parent/ Birth Partner would like to:

When baby arrives I/we would like:

Skin to skin / Delayed cord clamping / Music playing (please circle)

FEEDING:

I/We will feed baby by:
Breastfeed / Chestfeed / Formula /Combi-Feed /Donor Milk / SNS Feeding (please circle)

These people will be feeding baby:

OTHER DETAILS:

Any other important things I/We would like to share:

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ADDITIONAL INFORMATION:

Please use this space to share any other information that you feel is important to share to share you receive personalised and inclusive care.

(Cultural or religious needs, disabilities or any other information)

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