

**Drug and chemical exposure in pregnancy: Website reporting form**

Please complete this form and return it to the UK Teratology Information Service using the FREEPOST address below or by fax to 0191 261 8839. Alternatively please send a copy of the handheld maternal notes and we will extract the appropriate information.

**PLEASE ENCLOSE COPIES OF ANY RELEVANT MEDICAL REPORTS OR CORRESPONDENCE**

**UKTIS FREEPOST address: UK Teratology Information Service, Regional Drug & Therapeutics Centre, FREEPOST NEA1573, Newcastle upon Tyne, NE2 1BR (no stamp required).**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PATIENT'S DETAILS**

Name ..... Date of birth .....

NHS number ..... Hospital number .....

Address .....

Postcode .....

Telephone number .....

Occupation .....

Ethnic group ..... (Please use codes provided in box)

Smoker? never  gave up prior to pregnancy   
gave up during pregnancy  current

Units of alcohol per week (during pregnancy)? .....units

Illicit/recreational drugs (during pregnancy)? Yes  No  Don't know

If **yes**, please provide details .....

**UK census coding for ethnic group**

WHITE

01 British

02 Irish

03 Any other white background

MIXED

04 White and black Caribbean

05 White and black African

06 White and Asian

07 Any other mixed background

ASIAN OR ASIAN BRITISH

08 Indian

09 Pakistani

10 Bangladeshi

11 Any other Asian background

BLACK OR BLACK BRITISH

12 Caribbean

13 African

14 Any other black background

CHINESE OR OTHER ETHNIC GROUP

15 Chinese

16 Any other ethnic group

**PREGNANCY DETAILS**

LMP \_\_\_\_ / \_\_\_\_ / \_\_\_\_ EDD \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height at booking \_\_\_\_\_ cm Weight at booking \_\_\_\_\_ kg

Did the patient take folic acid preconceptually? Yes  No  Don't know

Is the patient currently taking folic acid during pregnancy? Yes  No  Don't know

The data protection aspects of this surveillance activity are covered by Section 251 of the NHS Act 2006, but health professionals are asked, where possible, to ensure that the women involved are aware that their personal information is being reviewed in this way and that they are happy for it to be held for this purpose. Please see our website [www.uktis.org](http://www.uktis.org) for further details.



Maternal test results? .....

Patient name..... Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHEMICAL EXPOSURE IN PREGNANCY**

Has the patient been exposed to any chemicals during her current pregnancy? Yes  No  Don't know

If yes, please provide details in the table below

NAME OF CHEMICAL	DOSE/LEVEL	ROUTE	FREQUENCY I.E. NO. OF HOURS PER DAY & NO. OF DAYS PER WEEK	DATE/GESTATION EXPOSURE OCCURRED	DATE/GESTATION EXPOSURE CEASED

In the case of chemical/poisoning was there any maternal toxicity/symptoms? Yes  No  Don't know

If yes, please detail.....

Maternal treatment? .....

Maternal test results? .....

Any additional information of relevance

**GENERAL PRACTITIONER NAME AND ADDRESS:**

**MIDWIFE NAME AND ADDRESS:**

**YOUR DETAILS:**

Profession ..... Name .....

Address .....

.....

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FAX

**Please copy us into any further correspondence regarding this pregnancy/child.**

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