

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

FETAL EXPOSURE TO MEDICINES SERVICE REFERRAL FORM

Professional Referral Form and Guidance

Please ensure all fields are completed. This will prevent any unnecessary delays and will ensure the referral is processed in a timely manner.

Fetal Exposure to Medicines Service Referral Guidance

Referral Guidance

When submitting a referral, ensure you provide the context and background information, in addition to symptoms or potential diagnoses. This approach helps prevent us from sending the referral back for more details, thereby avoiding unnecessary delays in the decision-making process.

Consent

Considering the significance of consent, it is crucial that the referral to our service has been thoroughly discussed with the patient and/or parent/carer and received their agreement.

Advice can be sought prior to a referral being made:

In certain cases, referrers might find it challenging to determine if our service is the right fit. During such times, they can get in touch with us via phone or email to discuss suitability.

How to decide if the Patient meets the Requirements of the Service

In the first instance, we will prioritise referrals for those affected by **Sodium Valproate** and **Topiramate**. Following this, we will open the criteria further to include **all** antiseizure exposures within the next few months.

This service is a Lifespan service, and therefore accepts referrals for children, young people and adults.

What happens after a Referral is made?

The Referrer and GP (where the GP is not the referrer) will be informed of the following:

1. If the referral is accepted
2. If the referral is not accepted and why
3. If the referred does not attend an appointment and the case is closed
4. The outcome of the assessment and treatment plan
5. Updates to the treatment plan if amended
6. When the patient is discharged

All referrals are seen within 18 weeks of the referral being received in the service. Referrals are screened and discussed on a weekly basis by the Clinical Leads and Clinical Pathway Co-Ordinator with referral information used to determine priority.

Thank you for taking the time to read this guidance sheet.

The Fetal Exposure to Medicines Service is provided by Manchester University NHS Foundation Trust and Newcastle upon Tyne Hospitals Foundation Trust.

Fetal Exposure to Medicines Service Referral Form

Section 1: Registration

Date of Referral:	NHS Number:
Has this referral been discussed with the family?	Yes ☐ No ☐

	Patient	Parent / Legal Guardian if a minor
Title:		
Surname:		
First Name:		
Date of Birth:		
Address:		
Postcode:		
Home Tel:		
Mobile Tel:		
E-Mail:		

Gender:	
Ethnicity:	
Religion:	
Is an Interpreter required?	Yes ☐ No ☐
If yes, which Language: <i>(this includes BSL)</i>	

Referring Clinician:	
Practitioners Name:	
Organisation Name:	
Address:	
Postcode:	
Tel No:	
E-Mail:	

GP Details (if not referrer):	
GP Name:	
Address:	
Postcode:	

Section 2: Eligibility & Indication for referral

Details of ASM Exposure *in-utero*

(please state all Antiseizure medications taken during pregnancy)

Medication:		Dose:		Duration of Exposure:	
Medication:		Dose:		Duration of Exposure:	
Medication:		Dose:		Duration of Exposure:	

If not known, please outline what records you checked to ascertain this.

Clinical reason for requesting referral to FEMS:

(e.g. diagnostic assessment, specific health or neurodevelopmental/neuropsychological concern – please detail)

Section 3: Relevant Medical History

Please include relevant clinical letters including GP summary, documents..

Section 4: Prescription History

Please provide full prescription history of mother from LMP to birth. Please include all antiseizure medications, other medications, dosages and any changes to dosage.

Section 5: Relevant neurodevelopmental information

Section 6: Relevant information regarding genetic assessments or testing

Please include relevant genetic letters, molecular reports.

Section 7: Investigation Results

Molecular Genetics report or Karyotype enclosed? (Report should be from an ISO accredited lab)	Yes:	☐	No:	☐		
Neuropsychological Reports/Letters	Yes	☐	No	☐		
Neurodevelopmental Reports/Letters	Yes	☐	No	☐		
Educational Reports/Letters	Yes	☐	No	☐		

Once this referral has been completed, please return to:
FEM.Service@mft.nhs.uk

If you have any queries or difficulties completing this referral form, please contact Lauren Riley, Clinical Pathway Co-Ordinator on 0161 701 4514.

For Use by FEM Administrative Office Only:

Date received:		
Referral Accepted:	Yes ☐ No ☐	
Referral Opened:	HIVE: Yes ☐ No ☐	Paris: Yes ☐ No ☐
Allocated To:	MFT: ☐	NUTH: ☐
MDT Involvement Required:	Yes ☐ No ☐	If yes, which specialities:
Notes:		

Referral Intake:

Clinician notes:
Decision: