

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 260 6193. 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

If yes, date commenced ____ / ____ / ____ Dose (if known).....

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 for further details.

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

.....

 FAX

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

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