



For FNP Clients

Quick Criteria Checklist for Professionals

Age 20 or under at LMP

First Child (No planned adoption)

<28 wks Gestation

(If late Booker please phone FNP administrator directly)

FNP Notifications

INFORMATION SUMMARY FORM

CLIENT DETAILS *ADDRESSOGRAPH*

Tel No. Text Messages Yes No

Mobile

Difficulties in contacting? If yes, how to contact (e.g. Next of Kin & phone number)

Family aware of pregnancy? Yes / No

Date of LMP (last menstrual period) Date of EDD

Age at LMP

Social Care Status:

**Current Social
Work Involvement**

**Past Social Work
Involvement**

**Current Social Worker & Reason
for Social Work Involvement**

Residential status:

Living alone

Living with partner

**Living with
father of baby**

**Living with family
i.e. parents, siblings**

Living with friends

Not Known

Refugee

Asylum

Traveller

Interpreter needed?

Yes

No

Language

School attended

Working hours

Other Referrals Made / Other Information: e.g. SAMS, Sure Start etc

Return Form to:

**Quality Support Officer
Family Nurse Partnership
Bridgeview House
Gransha Park
Clooney Road
L'Derry
BT47 6TG
Tel: 028 71 865115 (Ext. 21 7345)**

Name:

Title of Referrer:

Contact Number:

Date: