**Prolonged Jaundice eReferral Form**

Please click  in top right-hand corner of screen and email form to paediatricoutpatients@nbt.nhs.uk

Date: 21/11/2022 Time: 1:32 PM

Has the baby been physically assessed today? Yes [ ]  / No [ ]

Name/role of referrer: Free Text Prompt Role:
Contact number: Organisation Telephone Number
Named HV:

HV Number:

GP Surgery: Organisation Name

Child’s name: Full Name
Hospital of birth:

NHS number: NHS Number

DOB: Date of Birth

Gestation:

Parental telephone no: Mobile: Patient Mobile Telephone / Home: Patient Home Telephone

Mothers full name: Mother's Full Name

Level of jaundice:

Eyes yellow: Yes [ ]  / No [ ]

Method of feeding:

Is baby vomiting? Yes [ ]  / No [ ]  Does baby have a soft abdomen? Yes [ ]  / No [ ]

Stool colour:
Urine colour:

Weight gain satisfactory: Yes [ ]  / No [ ]
Any health concerns or additional information?

Consultations

Problems

Medication

Allergies

Investigations

Blood Pressure

Height

Weight

BMI