

## BNG: Express Booking

**Bolded Underlined texts are compulsory fields** Circle Response where able

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<b><u>Full Name</u></b>	This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage. <b>DO NOT SEND TO CHARTVIEW</b>
<b><u>NHI</u></b>	
<b><u>Or attach Patient Label</u></b>	

<b>Express Booking</b>		
<b><u>Outpatient Service:</u></b> Community / Diabetes / High Risk Medical / Fetal Medicine		
<b><u>User carrying out antenatal assessment:</u></b> (When transcribing document User name in Additional Notes)		
<b>DEMOGRAPHICS TAB</b>		
<b><u>Date and Time Recorded:</u></b>		
<b><u>Verify Growchart ID when transcribing Data into BNG</u></b>		
Do You Have An Existing Growchart ID? <input checked="" type="radio"/> No <input type="radio"/> Yes <a href="#">Verify Growchart ID</a>		
<b>Speech or Hearing Problems</b>	Yes / No	Specify if Yes:
<b>Primary Language</b>		
<b>Difficulty in understanding English</b>	Yes	No
<b><u>Interpreter Required</u></b>	Yes	No
<b>Ethnic Categories:</b>		
<b>Current Partner's Details Available</b>	Yes / No	No Current Partner
<b>HEALTH HISTORY TAB</b>		
<b>Blood Rhesus Factor</b>	Positive / Negative	<i><u>If Rhesus Negative add as a Risk</u></i>
<b>Abnormal Antibodies</b>	Yes / No	<i><u>If Yes add as a Risk</u></i>
<b>Allergies or Adverse Reactions</b>	Yes / No	
If Yes Specify:		
<b>Diabetes including Previous GDM</b>	Yes / No	
If Yes Specify:		
<b>Hypertensive Disorders</b>		
<b>Hep B Status</b>	Negative / Positive	
<b>GBS</b>	Yes / No / Unknown	
<b>Folic Acid</b>	Yes / No / Unknown	

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<b>Ever Smoked:</b> No / Current smoker / Gave up in last 4/52 / Gave up < 1 year / Gave up > 1 year		
<b>Number Smoked Per Day At Booking:</b> < 5 / 6 - 10 / 11- 20 / 21 -30 / 31 -40 / 41- 50 / 51 - 60 / > 60		
<b>Average Units Alcohol Per Week Since Conception:</b>		
<b>TB Risk:</b>		
<b>Additional Notes:</b>		
<b>(When Transcribing Data Document User carrying out antenatal assessment here)</b>		
<b>RISK ASSESSMENT</b>		
<b>Current Pregnancy Risk Factors</b>		
<b>Previous Obstetric Risk Factors</b>		
<b>Previous Baby(ies) Risk Factors</b>		
<b>Medical Risk Factors</b>		
<b>Gynaecological Risk Factors</b>		
<b>Mental Health Risk Factors</b>		
<b>Previous postnatal depression</b>		
<b>Previous psychiatric illness</b>		
<b>Anaesthetic Risk Factors</b>		
<b>Sensitive Risk Factors</b>		
<b>Family History Risk Factors</b>		
<b>Social Risk Factors</b>		
<b>CURRENT PREGNANCY DETAILS TAB</b>		
<b>Have you been Pregnant Before</b>	Yes / No	<b>Gravida /Para</b>
<b>Any confidential pregnancies</b>	Yes / No	
<b>Sure of LMP</b>	Yes / No	<b>LMP:</b>
<b>EDD by Dates</b>	<b>EDD by Scan Available:</b> Yes / No	<b>EDD by Scan:</b>
<b><u>Agreed EDD</u></b>		
<b><u>Height Metres</u></b>		<b><u>Weight at Booking Kg</u></b>
<b>Blood Pressure:</b>	Systolic	Diastolic mmHg
<b>Date of Antenatal Booking Appointment or Express Booking:</b>		
<b>Date booked with LMC or DHB midwife:</b>		
<b>Reason Booked More Than 12 Weeks and 6 Days:</b>		

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LMC INFORMATION/CARE PLAN	
<b><u>Date and Time Started:</u></b>	
<b><u>Update Type:</u></b>	<b><u>At Booking / Change to Plan / At Birth / Postnatal</u></b>
Date and Time Completed:	
Reason for Change:	
<b><u>Hospital or Hospital Attached To</u></b>	<b>Auckland City Hospital</b>
<b><u>Care Type</u></b>	<b>DHB Community Midwife</b>
Intended Place of Birth Hospital	N/A – Leave Blank
<b><u>Intended location of Birth:</u></b>	<b>Auckland City Hospital</b>
<b><u>Lead Maternity Carer Type</u></b>	DHB Caseload Midwife / DHB Community Midwife
Does the woman have an identified LMC	N/A – Leave Blank
<b><u>Lead Maternity Carer:</u></b>	Community LMC Midwife Team / Diabetes Team High Risk Medical Team / Te Manawa O Hine Team
<b><u>Named Community Midwife:</u></b>	
<b><u>Team</u></b>	<b>Pink Community / Green Community / Orange Community</b> <b>Fetal Medicine / Maternal Medicine / Diabetes / Te Manawa O Hine</b>
<b><u>Additional Notes:</u></b>	

\*Additional Templates: Previous Pregnancy Details / Previous Babies