

Dublin Cleft Centre Team

Antenatal Referral form for Cleft Management Services



- Children's Health Ireland at **Temple Street** Cleft Surgeon: Mr Christoph Theopold
 Children's Health Ireland at **Crumlin** Cleft Surgeons: Mr David Orr Ms Catherine de Blacam

Patient contact phone number(s):

Home: _____
Mobile: _____
Partner's name/mobile: _____
Language spoken: _____
Interpreter required: Yes No
Siblings: _____

Patient details/ID Sticker

Name: _____
Address: _____
DOB: _____
M.R.N. _____

Referring Details:

Expected Date of Delivery: _____
Referrer: OBS M/Wife Sonographer
Name: _____
Referring Consultant: _____
Date of Cleft diagnosis on Ultrasound Scan:
____ / ____ / ____
Findings: _____

Any other anomalies/relevant maternal
history: _____

- 1) Referring Hospital: _____
- 2) Hospital of origin: _____
- 3) Hospital of delivery: _____
- 4) Primary Obstetrician: _____

Date of Referral to Cleft Team

(if possible please attach copy of scan)

Family History of Cleft: Yes No

Details (if yes): _____

(Official Cleft Team Use)

Preference for feeding: Breast Bottle Combination Undecided
Date of Contact: (1) Hospital ____ / ____ / ____ (2) Expectant Mum ____ / ____ / ____
Information Supplied: CLAPAI (1-4) leaflets Team contact Other _____
If information posted: date posted ____ / ____ / ____
Antenatal Cleft Consultation: Date _____ Time _____
Follow up action required: _____

NB please refer to one Cleft Team only

Further information: www.cleftcareireland.ie

Mr. Christoph Theopold, CHI Temple Street

Claire Brennan
Cleft Clinical Services Co-ordinator
Office: 01 8784701
Mobile: 087 9888725
Email: claire.brennan@cuh.ie
Fax: 01 8921820

Jane Gunn
Nurse Specialist
Office: 01 8921797
01 8784200 Bleep 116
Email: jane.gunn@cuh.ie

Mr David Orr, Ms Catherine de Blacam CHI Crumlin

Laura Duggan
Cleft Co-ordinator
Office: 01 4162832
Mobile: 087 2656897
Email: lduggan@stjames.ie
Fax: 01 4096215/4162055



