MIDCENTRAL HEALTH

Name: ____
Address: ____
NHI: ______________ DOB: ___________ __Male / Female
GP _____________________ Area: ___________________
OR PATIENT ID LABEL HERE

BINDING MARGIN – NO WRITING

PERINATAL MENTAL HEALTH REFERRAL FORM

Client Name: **Client Contact No.:**	**Ethnicity:**
Client Address:	
Next of Kin Details: Name: Contact No.:	**Relationship :**
Support Agencies Involved:	**LMC/Carer:**
Referrers Name:	**Signature:**
Designation:	**Organisation:**
Referrer Contact Details:	**Date:**

Obstetric	**Medical**	**Mental Health**
Mother ☐ Perinatal Issues Pregnancy: ☐ Normal ☐ Complications Labour: ☐ Normal ☐ Other ☐ Breast feeding Issues ☐ Significant other ☐ Other children **Infant** Sex of infant: ☐ M ☐ F **Gestation/post birth age:…………………..** ☐ Health issues	☐ Existing health issues ☐ Medications ☐ Smoking History ☐ Substance Use ☐ Allergies	☐ Mood issues ☐ Anxiety ☐ Sleep issues ☐ Appetite issues ☐ Relationship issues ☐ Life stressors ☐ Poor social supports ☐ Family issues ☐ Financial stress ☐ Parenting issues ☐ Bonding/attachments issues
Where ticked above please expand in 'reason for referral' or provide relevant attachments		

MIDCENTRAL HEALTH

NHI____________________

Reason for Referral: (eg issues with mood, anxiety, unusual behaviours, issues with delivery, trauma, unusual speech/thought patterns)

Risk issues/factors: (e.g. Self harm/suicidal – homicidal ideation/thoughts, plans or intent, medical or obstetric)
(If any high risk mental health concerns please contact duty worker or after hours Mental Health Line 0800 653 357)

- ☐ **Edinburgh Post Natal Depression Scale attached**
- ☐ **Additional Information Attached**

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Send referral to:

Perinatal Mental Health Service:
Phone: (06) 350 8184 Fax: (06) 350 8183

MIDCENTRAL HEALTH

NHI:________________

Edinburgh Postnatal Depression Scale (EPDS)

J.L. Cox, J.M. Holden, R. Sagovsky,
Department of Psychiatry, University of Edinburgh

HOW ARE YOU FEELING?

Your Name

____

Your Address

____

____

Your baby's age

____

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed:
I have felt happy:
Yes, all the time   Yes, most of the time (underlined)
No, not very often   No, not at all.

This would mean "I have felt happy most of the time" during the past week. **Please complete the other questions in the same way.**

IN THE PAST 7 DAYS:

1. **I have been able to laugh and see the funny side of things:**
   As much as I always could
   Not quite so much now
   Definitely not so much now
   Not at all.

2. **I have looked forward with enjoyment to things:**
   As much as I ever did
   Rather less than I used to
   Definitely less than I used to
   Hardly at all.

3*. **I have blamed myself unnecessarily when things went wrong:**
   Yes, most of the time   Yes, some of the time
   Not very often   No, never

4. **I have been anxious or worried for no good reason:**
   No, not at all   Hardly ever
   Yes, sometimes   Yes, very often

5*. **I have felt scared or panicky for no very good reason:**
   Yes, quite a lot   Yes, sometimes
   No, not much   No, not at all

6*. **Things have been getting on top of me:**
   Yes, most of the time I haven't been able to cope
   Yes, sometimes I haven't been coping as well as usual
   No, most of the time I have coped quite well
   No, I have been coping as well as ever.

7* **I have been so unhappy that I have had difficulty sleeping:**
   Yes, most of the time   Yes, sometimes
   Not very often   No, not at all

8*. **I have felt sad or miserable:**
   Yes, most of the time   Yes, quite often
   Not very often   No, not at all

9*. **I have been so unhappy that I have been crying:**
   Yes, most of the time   Yes, quite often
   Only occasionally   No, never

10*. **The thought of harming myself has occurred to me:**
   Yes, quite often   Sometimes
   Hardly ever   Never

BINDING MARGIN – NO WRITING

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R Sagovsky, MB, ChB.MRCPsych.Research Psychiatrist, Department of Psychiatry, University of Edinburgh.; **Correspondence:** University of Keele, Thornburrow Drive, Hartshill, Stoke-on-Trent Staffs S17 7QB.