



Queensland Government

Metro North Hospital and Health Service

PERINATAL WELLBEING TEAM REFERRAL (NON-ACUTE SERVICE)

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

Does the patient give verbal consent to contact? Yes - phone number: No

Gestation K: G: P: M: T: EDC: / /

Baby's Name: DOB: / /

Edinburgh Perinatal Depression Scale (EPDS): Please attach if available (Only if >= 6 weeks postpartum)

SCORE: /30

Was this completed in the last 7 days? Yes No

If score was >= 13 generic letter sent to GP Yes No

Was there a positive score on Q10? Yes No

If yes, please comment and outline the protective factors

If Yes, MH CALL 1300642255 details were provided to the patient? Yes No

What are the current mental health symptoms or concerns following the review today? Please attach notes if relevant

Is there a history of mental health / alcohol / drug issues? Yes No

Is the patient currently taking medication for their mental health? Yes No

Has the patient ceased medication for their mental health during the pregnancy? Yes No

If yes, please comment:

Are there current MH care providers? Please tick below as applicable. Yes No

Psychiatrist Psychologist GP Adult MH team Peach Tree NGO service

If yes, please comment:

Additional referrals?

Referrer Details:

Name: Signature:

Designation: Midwife Medical Child Health Dietitian Pharmacist SW Other:

Date: / / Contact number:

PLEASE ENSURE REFERRAL FORM IS FULLY COMPLETED TO ENABLE TIMELY TRIAGE

Email referral to: perinatal-mental-health@health.qld.gov.au

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All clinical form creation and amendments must be conducted through Health Information Services



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- All referrals are emailed **perinatal-mental-health@health.qld.gov.au**
- Perinatal Wellbeing Team is available Monday-Friday 8-430pm – **Intake Officer ph 3146 2525**
- All referrals with an EPDS score of ≥ 13 and above, and referrals requiring further triage will be called by the service within 3 business days
- All referrals with EPDS ≤ 13 are sent a letter inviting them to opt in to the service and providing local perinatal support resources and then closed pending contact

COMPLETION OF THE EDINBURGH PERINATAL DEPRESSION SCALE (last seven days)

Questions to consider if the overall scores are high

- Are there any physical issues causing distress eg pain, nausea, vomiting or recent concerns with the pregnancy/baby?
- Are there any recent events in your life causing distress eg finances, accommodation issues, illness, domestic or family violence?
- Have you recently stopped medication?

RISKS IDENTIFIED ON QUESTION 10

ASK ABOUT

- Self-harm/suicidal thoughts, plan, lethality, means, history of suicide and protective factors

CONSIDER

- Have you ever hurt yourself before?
- Are you worried you may hurt yourself?
- What stops you from hurting yourself?
- How long have you had thoughts like this?
- Who helps you or who do you turn to when you are feeling this way?



Fleeting thoughts of self-harm or suicide but no current plan, means or intent and good protective factors	Self-harm/ suicidal thoughts are present but no current plan or means and good protective factors	Continual and specific self-harm thoughts and/or suicidal ideation with plan and intent, or disclosure of recent suicide attempt Minimal protective factors
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<ul style="list-style-type: none"> • Provide MH CALL details 1300642255 • Referral to perinatal wellbeing team 	<ul style="list-style-type: none"> • Provide MH CALL details: 1300642255 • Referral to perinatal wellbeing team 	<ul style="list-style-type: none"> • Clinician to make MH CALL referral: 1300642255 • Discuss option of presenting to Emergency for urgent assessment • Discuss with Team Leader if relevant
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DOCUMENT ACTIONS TAKEN IN RESPONSE TO QUESTION 10 IN CLINICAL RECORD

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