|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral form** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer’s responsIbility** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Consent obtained from client to be referred?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Is the child under 1 years of age or 2 years if Tangata Whenua?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | **I have informed the client of potential wait of 10+ weeks for an appointment** | | | | | | | | | | | | | | | | | | | | | | | |
|  | **My client is aware if they do not confirm their appointment 48 hours before the appointment date, their appointment may be cancelled, and they will be placed back on the Waiting List** | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Referrals are allocated once a fortnight. **Clients will be notified by email within 14 working days from receipt of referral** | | | | | | | | | | | | | | | | | | | | | | | | |
| **MOTHER’S DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | **DOB** | | | | | | |  | | | | **NHI** |  | |
| **Address** | |  | | | | | | | | | | | | | | | | **Ethnicity** | | | |  | | |
| **Phone** | |  | | | | | | | **Email** | | | |  | | | | | | | | | | | |
| **Baby’s details and other children** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Antenatal** | |  | | | | | | | | **EDD** | |  | | | | |  | | | | | | | |
| **Name** | |  | | | | | | | | **DOB** | |  | | | | | **NHI** | | |  | | **Ethnicity** | |  |
| **Other children’s name** | | | |  | | | | | | | | | | | | | **Age** | | |  | | **Gender** | |  |
|  | | | |  | | | | | | | | | | | | | **Age** | | |  | | **Gender** | |  |
|  | | | |  | | | | | | | | | | | | | **Age** | | |  | | **Gender** | |  |
| **Partner’s deTAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | | | **Ethnicity** | | | |  | | |
| **Other household members?** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Reason for referral** *(please write clearly and provide as much information as possible)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick if any of the following are present** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Mothers and Babies service/ Adult Mental Health**  If the client is involved with another specialist mental health service, the referral will be declined | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Other agencies referred to / already involved** *(please state below)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Concerned about relationship with baby** | | | | | | | | | | | | | |  | | | | **Grief/loss** | | | | | |
|  | **Unexpected outcome of pregnancy, labour or delivery** | | | | | | | | | | | | | |  | | | | **Medical Issues** | | | | | |
|  | **Plunket Parent and Infant Relationship Service** | | | | | | | | | | | | | |  | | | | **Current Anxiety/Mood Change** | | | | | |
|  | **Past Psychiatric history** *(please state below)* | | | | | | | | | | | | | |  | | | | **Risk for homevisiting** *(please state below)* | | | | | |
|  | **External stressors** *(please state below)* | | | | | | | | | | | | | |  | | | | **Trauma** *(please state below)* | | | | | |
|  | **Oranga Tamariki involvement** | | | | | | | | | | | | | |  | | | | **Any Hazards?** *(Please state below)* | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **EPDS Score** | | |  | | | | | /30 | | | | | | **Date of EPDS Score** | | | | | | |  | | | |
| **Referrer’s details** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | **Designation** | | | | |  | | | | | | |
| **Phone** | |  | | | **Fax** | |  | | | | | | **Email** | | |  | | | | | | | | |
| **Signed** | |  | | | | | | | | | | | **Date** | | |  | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(Office use only) Case Manager assigned** | | | | | | | |
| **Case manager** |  | **Date** |  | **Time** |  | **Venue** |  |

**Please return to:**

**ppnap.canterbury@plunket.org.nz**