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**Community Perinatal Mental Health Service Referral Form**

*For use by Mental Health Services*

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| ***Patients details***  **Name:**  **Date of Birth:**  **Address:**  **Tel No:** | ***GP details***  **Name:**  **Surgery:**  **Tel No:** |
| **NHS No:** | **Rio No:** |
| **Pre-pregnancy planning**  **Antenatal**  **Postnatal**  **Advice & Guidance Request**  **Reason for referral including CURRENT MENTAL STATE (symptoms, duration, diagnosis, social situation):** | |

We welcome initial contact / enquiries for advice from any professional on 01249 767851

**Please ensure that all requested information is supplied to assist in our triage of this referral.**

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| **EDD (if pregnant)**  **Child Details:**  **Name:**  **D.O.B:** | ***Significant others: (nearest relative/ next of kin/partner/family)***  **Name:**  **Relationship:**  **Tel:**  **Carer: Y**  **N** |
| ***Planned place of delivery:***  **Royal United Hospital**  **Great Western Hospital**  **Salisbury District Hospital**  **\_\_\_\_\_\_\_\_\_\_\_ Birthing Centre**    **Other:** | |
| **Ethnicity:** | **Interpreter required:**  **First language:** |
| **Date:**  **Time of referral:**  **Referral taken/received by:** | ***Referrer***  **Name:**  **Base:**  **Tel No:** |

***Agencies Involved***

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| **Name** | **Base** | **Tel No** |
| Mental Health Care coordinator: |  |  |
| Responsible Consultant Psych: |  |  |
| Obstetrician: |  |  |
| Midwife: |  |  |
| Health Visitor: |  |  |
| Social Services: |  |  |
| Other: |  |  |
| ***Psychiatric History*** |  |  |

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***Relevant Medical / Obstetric history***

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***Risk***

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| **Current risks to self/others** (new thoughts/acts of self-harm, attachment/estrangement, mental capacity, deprivation, protective factors, safeguarding action taken)  **Any known risks to health professionals from patient or those within the home environment:** |

**Has the patient agreed to this referral?**  **Yes**  **No**

Please inform the patient that on receipt of this information, the Specialist Community Perinatal Mental Health Service will triage as a team and feedback to referrer, GP and patient directly regarding the outcome.

For patients meeting high risk threshold, the Specialist Community Perinatal Mental Health Service will offer an assessment. For patients triaged as low or moderate risk, care will be directed to the appropriate primary care service, determined by clinical need.

All referrals should be emailed to awp.referralsbswperinatal@nhs.net