

PERINATAL AND INFANT MENTAL HEALTH CONSULTATION SERVICE REFERRAL

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____



* 2 5 2 0 6 *

Email form to ACTHealthPerinatalMHCS@act.gov.au or

Fax referral to Perinatal Intake - 02 5124 8809

PIMHCS may take 10 business days to process referral

You are welcome to contact the Service to discuss referral – 02 5124 3133

If urgent Mental Health Crisis Support is required, please ring ACCESS MH 1800 629 354 (24/7)

The PIMHCS provides specialist opinion for pregnant and postnatal women (up to 12 months postpartum) who are experiencing moderate to severe mental health issues. We also provide preconception planning for women with a major mental illness or past history of mental illness. The PIMHCS is a voluntary service and only accepts referrals where the client has provided consent. NSW residents should be referred to their local Mental Health Services.

Referrer details (please print clearly)

Date:	Agency:
Name:	Phone:
Email:	

Reason for referral

- Assessment of deteriorating mental health
- Preconception psychiatric review and planning
- Concerns about the mother-infant relationship due primarily to mental health concerns
- GP requesting advice/opinion
- Mental health history which heightens risks in perinatal period
- Other (provide details):

Client details

First name:	Surname:
Address	DOB:
Phone:	Email:

Other children

Full name #1:	DOB:
Full name #2:	DOB:

Indigenous status

- Neither
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander

Culturally and linguistically diverse (CALD)

Background:	Preferred language:
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GP details

Name:	Practice:	Phone:
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Next of kin or emergency contact

Name:	Phone:
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Perinatal information

Antenatal	Gestation:	EDB:		
Pregnancy complications	<input type="checkbox"/> Hyperemesis <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Other (provide details):			
Postnatal	Infant's name:	Age:	DOB:	
Feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Formula <input type="checkbox"/> Both			
Postnatal complications				
EPDS	Date:	Score:	Q10 =	Please attach copy of EPDS

DO NOT WRITE IN THIS BINDING MARGIN

PERINATAL AND INFANT MENTAL HEALTH CONSULTATION SERVICE REFERRAL 25206

25206(0320)

Perinatal concerns: e.g. Birthing trauma (psychological/physical), unwell infant, poor adjustment to pregnancy or parenting, uneasy attachment, reduced caring capacity

Psychosocial information: e.g. relevant social, personal, family and environmental information, including protective factors

Current mental health issues: (provide further information below)

- | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Excessive fear and worry | <input type="checkbox"/> Low mood for more than 2 weeks |
| <input type="checkbox"/> Excessive energy and lack of need for sleep | <input type="checkbox"/> Intrusive thoughts |
| <input type="checkbox"/> Distressing thoughts | <input type="checkbox"/> Anger and aggressive outbursts |
| <input type="checkbox"/> Irritable or 'on edge' | <input type="checkbox"/> Seems confused and forgetful |
| <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Feels detached from the baby |
| <input type="checkbox"/> Social withdrawal | <input type="checkbox"/> Conversation difficult to follow or disrupt |
| <input type="checkbox"/> Panic/Panic attacks | <input type="checkbox"/> Presents as guarded |
| <input type="checkbox"/> Bizarre ideas/beliefs | <input type="checkbox"/> Compulsive behaviours |
| <input type="checkbox"/> Excessive worries about baby | <input type="checkbox"/> Disinhibited/risk taking/impulsive behaviour |
| <input type="checkbox"/> Poor regulation of emotion and behaviour | <input type="checkbox"/> Sleep disturbance not relating to parenting |
| <input type="checkbox"/> Distressing recollections of trauma – e.g. flashbacks, nightmares | |
| <input type="checkbox"/> Body image concerns | <input type="checkbox"/> Hopelessness |
| | <input type="checkbox"/> Hallucinations |

Presenting mental health concerns: e.g. onset, triggers and current stressors, functional impairment (e.g. work, ADL's, social, capacity to self-care, care for other children)

Medications - current

Medication	Dose	Commenced	Prescribed by

Past mental health history (include diagnoses, treatment, hospitalisations, medication etc)

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25206(0320)

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Please indicate if other services are supporting this client:

<input type="checkbox"/> GP for front line treatment	<input type="checkbox"/> Next Step Free Psychological Intervention Service 6287 8066	<input type="checkbox"/> Early Parenting Counselling Service 5124 9977	<input type="checkbox"/> Winnunga Nimmitjiah – Australian Nurse-Family Partnership Program 6284 6222
<input type="checkbox"/> Private psychologist	<input type="checkbox"/> Child and Family Centre's 6207 0120 Gungahlin 6207 8228 Tuggeranong 6205 2904 West Belconnen	<input type="checkbox"/> Perinatal Welling Centre (PANDSI) 6288 1936	<input type="checkbox"/> Hospital Social work or psychology department of Calvary (6201 6111) or the Canberra Hospital (5124 0000)
<input type="checkbox"/> Women & Newborn Community Options 6295 8800	<input type="checkbox"/> QEII 5124 9977	<input type="checkbox"/> Karinya House 6259 8998	<input type="checkbox"/> PEPs program – antenatal and postnatal through Antenatal clinics or MACH
<input type="checkbox"/> Marymead – Centre for Early Life Matters 6162 5800	<input type="checkbox"/> Onelink 1800 176 468	<input type="checkbox"/> Domestic Violence Crisis Service 6280 0900	<input type="checkbox"/> Relationships Australia 6122 7100
<input type="checkbox"/> ACT Women's Health Services 5124 1787	<input type="checkbox"/> Other:		

Risk Factors and Vulnerability

Suicide vulnerability

- No current thoughts to harm self
- History of suicidal thoughts
- Past suicide attempt/s – details:
- Passive thoughts to harm self – e.g. would like to run away, no plan or intent
- Current suicidal thinking **refer directly to ACCESS mental health 1800 629 354 (24/7)**
- Current suicidal thinking, with intent and plan **refer directly to ACCESS mental health 1800 629 354 (24/7)**

Deliberate self-harming behaviours

- Not explored Past Current - type/frequency

Harm to infant

- No thoughts to harm baby
- Do you believe there is a of risk of harm to infant **refer to CYPS and ACCESS mental health 1800 629 354 (24/7)**
- Disclosure of harm **refer directly to CYPS and ACCESS mental health 1800 629 354 (24/7) – Emergency Services if required**

Harm to others

- No thoughts to harm others
- Current thoughts to harm others **refer directly ACCESS mental health 1800 629 354 (24/7) – Emergency Services if required**

Substance misuse

- Not explored Past Current - type/frequency

Domestic violence, including coercion and control

- Not explored Past Current - type/frequency

Family mental health history

- Not explored No Yes, details:

Child protection involvement

- Not explored **Past:** No Yes **Current:** No Yes

The PIMHCS will triage this referral. Please ensure you have provided your email and contact number as we would like to provide you with a response regarding our recommendations. If you require **urgent** mental health support, ring ACCESS Mental Health Services **1800 629 354 (24/7)**

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