

Queensland
Government**Metro South Addiction &
Mental Health Services****Perinatal Wellbeing Service Referral***Qld Health identification label only*Scan and email form to: WellbeingPerinatal@health.qld.gov.au or fax to (07) 3089 2722

Telephone enquiries: Logan-Beaudesert ph. (07) 3089 2734, Redlands ph. (07) 3825 6214

Patient Family Name:**Given Name:****Date of Birth:****Country of Birth:****Marital Status:** Single Defacto Married
 Separated Divorced Widowed**Religion:****Interpreter Required?** Yes No

If yes, language:

Address:**Phone (home):****Work:****Mobile:****Email:****Has the patient agreed to the referral?** Yes No**Next of Kin (name):****Relationship:****Contact No.:****Baby's Details (if applicable):****Name:****Date of Birth:** M F**Indigenous Status:**

-
- Aboriginal but not Torres Strait Islander origin
-
-
- Torres Strait Islander but not Aboriginal origin
-
-
- Both Torres Strait Islander and Aboriginal origin
-
-
- Neither Torres Strait Islander nor Aboriginal origin
-
-
- Not stated or unknown

Referrer's Name:**Designation:****Service:****Address:****Phone:****Email:****Reason for Referral:****Antenatal - EDC:****Postnatal - number of weeks:****Other relevant medical history:****Mental health history:****GP (name):****Phone:****Fax:****Address:****Email:**If the GP is not the referrer, are they aware of the referral? Yes No**Referrer's signature:****Date of Referral:**

DO NOT WRITE IN THIS BINDING MARGIN

