



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

