



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:

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Antenatal - EDC:

Postnatal - number of weeks:

Other relevant medical history:

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Mental health history:

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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

