

Perinatal and Infant Mental Health Service South Western Sydney

Referral Form for health professionals only

Preamble: PIMHS provides support to women who are pregnant (>13wks) or primary carers who have a child under 24 months of age and have a diagnosed mental illness with moderate to severe symptoms.

If current acute mental health risk please refer directly to Mental Health Access Line on 1800 0115 11

SECTION A: Referrer details			
Date of referral		Full name	
Role		Organisation	
Contact number		Email address	
Workplace address			
SECTION B: Consumer details			
Perinatal status	Pre-conception	Antenatal (>13 weeks)	Postnatal
Name		MRN	
Address		Contact number	
Date of birth		Age	
Gender		Gravida/Parity	
Language spoken at home		Interpreter required	
Cultural background		Country of birth	
Aboriginal or TSI		Accommodation status	
Maternity Hospital		EDD	
Consent obtained from consumer and aware of referral	y		
Goals of consumer	1. 2.		
Informal support network			
SECTION C: Infant details			
Infant Name (if known)		EDD/DOB	
Aboriginal or TSI			
SECTION D: Designated carer and/or next of kin			
Name		Contact number	
Address		Relationship to consumer	
SECTION E: GP details			
Name		Name of practice	
Address		Contact number	
SECTION F: Current mental health			
Reason for referral			
Support requested	Pre-conception consult	Ongoing Care	GP Psychiatrist consult
Diagnosis			
Presenting symptoms			
Current medications			
EDS and K10 score		Q10:	K10:
Goals for referral	1. 2.		
Current services in place			
SECTION G: Mental health history and treatment			
Mental health history			
Previous treatments			
Family history of mental illness or perinatal mental illness including suicide			

SECTION H: Psychosocial assessment risk assessment (please write yes/no, if yes please provide comment)

History of developmental trauma		IPV (Also consider referral to 1800RESPECT/ 1800 737 732)	
History of child protection		Current child protection concerns (MRG to be completed by referrer, include engagement/report number)	
Maternal history of disrupted attachment		Legal issues (AVO's, family law court, history of incarceration)	
Substance misuse (tobacco, alcohol, illicit substances)		Poor support network	
History of aggression or violence		Complications of pregnancy	
History of birth trauma		Recent pregnancy loss	Refer to SANDS 1300 308 307 Red Nose 1300 308 307 GIDGET 1300 851 758
History of suicide ideation, self-harm or harm to others		Current suicide ideation, self-harm or harm to others	Refer directly to MHAL 1800 011 511

COMPLETED REFERRAL FORM AND RELEVANT DOCUMENTATION TO BE EMAILED TO:

SWSLHD-PIMHS@health.nsw.gov.au

If you have any questions, please contact the intake officer on 9616 4203

Disclaimer: Completion of referral does not guarantee acceptance to PIMHS. Duty of care remains with the referrer until care is accepted. If acute risk and/or requires contact within two weeks, please refer to the Mental Health Access Line on 1800 011 511. If urgent risk please refer to the emergency services on 000.