

# Online Perinatal Wellbeing Service Referral Form



Referrers Details	
Name	
Role/Designation	Provider/Organisation
Phone	Email
Client Details	
Name	
DOB	NHI
Address	Ethnicity
Phone	Email
Living situation (i.e. living alone or with others)	
Child/Children's Details	
Antenatal	Expected Date of Delivery
Name	Age

Primary Support Person / Emergency Contact Details			
Name		Relationship	Phone
Client Strengths and Protective Factors			
Client and/or Referrer Concerns			
	Symptoms of anxiety, depression or mood changes		Grief/loss
	Difficulties or unexpected outcomes in pregnancy, labour or delivery		Medical / Physical health
	External stressors (e.g. finances, home)		Mental health history
	Social isolation		Substance use
	Relationship with baby		Family violence
Please provide any further detail e.g. EPDS Score and Date			
Have referrals been made, or is there involvement by specialist services, other mental health or social services, or government agencies (e.g. Oranga Tamariki)? If so, please specify			
Referrer Confirmation			
	Client is aware of and consents to personal information being shared about them with Plunket's Online Perinatal Wellbeing Service to assist their referral		Client needs translator services
	Client is aware this is an online service and has access to a phone or laptop with wifi		Client is aware they will be contacted within 5 days from receipt of referral, to book an initial assessment and care planning appointment
<b>Signed</b>		<b>Date</b>	