

Women and Newborn Health Service
King Edward Memorial Hospital

REFERRAL FORM PERINATAL
DEPARTMENT OF PSYCHOLOGICAL MEDICINE

Med Rec. No:
Surname:
Forename:
Gender: D.O.B.

**For URGENT referrals, please call Triage Nurse 6458 1521
OR After hours Psychiatry via Switch - 91 - 6458 2222.**

All other referrals may be faxed or scanned and emailed and will be reviewed by the triage officer within 2 business days.

Please fax/scan/email completed ANRQ with the referral or attach to e-referral

Email: kemh.psychmedtriage@health.wa.gov.au
Fax: 6458 1111

Patient Consent

All new referrals must be fully discussed with patient and consent obtained, except in the case of increased risk.

Patient mobile number: _____

Verbal consent for referral obtained from patient:

Yes

Staff member: (print name): _____

Date: _____

Referral from: GP/Medical practice Treating team/Clinic/Ward: _____ EDD: _____ G _____ P _____

Aboriginal/Torres Strait Islander? **Y / N** Interpreter required? **Y / N** Language: _____ Medicare card holder? **Y / N**

Brief summary of relevant clinical/health history:

Supportive counselling can be arranged with Pastoral Care or with a GP as a follow-up for patients who are not currently presenting with mental health concerns, even if they have a mental health history.

Mental Health History:

Current medications: _____

Current mental health issues: _____

Current/recent suicidal thoughts/self-harm **Y / N**: _____

Past mental health issues: _____

EPDS Score: _____ Q10: 0 1 2 3 (circle) Anxiety subscale score from EPDS (Q3,4,5): _____

ANRQ completed: **Y / N** Score _____ Fax/scan/email/attach completed ANRQ to Psych Med

Referred to Social Work: **Y / N**

Referrer name (print): _____ Designation: _____

Signature: _____ Date: _____

GP/Medical Practice: _____

The Department of Psychological Medicine at KEMH is for the provision of specialised mental health care to KEMH patients when determined as clinically indicated. This care extends to women who received care at KEMH for their most recent pregnancy and are within 12 months postpartum.

AFFIX LABEL HERE

DO NOT WRITE IN BINDING MARGIN

REFERRAL FORM - PERINATAL
MR208.13

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AFFIX LABEL HERE

Each entry must be dated and signed. Signatures must be readily identifiable with printed surname and designation

Further information	Signature Printed Name Designation	Date

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DO NOT WRITE IN BINDING MARGIN
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