

Perinatal Mental Health for Referral by  
GPs : Midwives :Allied Health :Child and  
Family Health Teams.

**Early Years Outreach Clinic Referral**

**Fax to 1300452059**

**Patient Contact Details:**

**Name:**

**DOB:**

**Address:**

**Phone/ mobile:**

**Medicare No.**

**Person for contact:**  
sign)

**Consent:**

(Patient to

**Referrer Details**

**Name:**

**Telephone Number:**

**Fax Number:**

**Address:**

**GP Provider Number:** (If referral by GP )

**Provisional Diagnosis:**

**Reason for referral:**

**Medication:**

**Relevant Mental Health history:**

**Obstetric history:** (include EDB or Last Child DOB)

**Antenatal Care Provider:**

**Other services involved:**

**Additional Information:**

## **Mental State Examination**

**Appearance:** (Age, gender, race/ethnic background, build, apparent health, level of hygiene, mode of dress, physical abnormalities.)

**Behaviour:** (Eye contact, cooperativeness, motor activity, abnormal movements, expressive gestures.)

**Speech:** (Articulation disturbances, rate (rapid, pressured, slow, retarded), volume (loud, quiet, whispered), quality (poverty of speech, monotonous, mutism).

**Mood & Affect:** (Mood (subjective); affect (objective) e.g. elevated, depressed, labile, angry, irritable, blunted, flattened, euphoric, incongruent, anxious.)

**Thoughts:** (Amount or speed of thought; Poverty of thought, pressure of thought; slow or hesitant thinking. Repetition of same thoughts, thought blocking, concrete thinking, irrelevance.

**Cognition:** (Level of consciousness/alertness; memory; orientation (time, place, person); concentration; abstract ideas.)

**Perceptual Disturbances:** (Hallucinations: auditory, visual: olfactory: gustatory: tactile. Depersonalization: derealisation.)

**Insight & Judgement:** (Capacity to organize & understand problem, symptoms or illness; knowledge of medication; amenable to & compliance with treatment; impaired judgment.)

**EPNDS:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_