

Perinatal Mental Health Service Referral
Leverndale Hospital, 510 Crookston Road, Glasgow, G53-7TU Tel: 0141 211 6500
For general enquiries, help or advice, please contact the PMHS advice line. The advice line is available
09.30Hrs - 12.30Hrs On: Mon, Tues, Thur & Friday Tel: 0141 211 6500
[Please email referrals to: perinatalmentalhealth.servicereferrals@ggc.scot.nhs.uk](mailto:perinatalmentalhealth.servicereferrals@ggc.scot.nhs.uk)

Please complete all sections where appropriate

Is the referral ?	Referral guidance notes
<input type="checkbox"/> Routine	Please note we will expect to see ROUTINE referrals within a period of 6 weeks.
<input type="checkbox"/> Soon	Soon referrals within a period of 2 weeks.
<input type="checkbox"/> Urgent	We will try to see URGENT referrals within a period of 24/48 hours depending on clinical need. Please call the PMHS to discuss all URGENT referrals between the hours of 09.00-17.00, Mon -Fri

Patient details	General Practitioner details
CHI <input type="text"/>	G.P Name <input type="text"/>
Full Name <input type="text"/>	G.P Address <input type="text"/>
Address <input type="text"/>	G.P Tel Num <input type="text"/>
Mobile Num <input type="text"/> Landline Num <input type="text"/>	

Referrer details			
Date of referral <input type="text"/>	Referrer name <input type="text"/>	Referrer title <input type="text"/>	
Telephone Num <input type="text"/>	Address <input type="text"/>		

Reason for referral

Obstetric history			
Current obstetric status <input type="text"/>	Number of previous pregnancies <input type="text"/>	Number of children <input type="text"/>	
Antenatal			
Were will the patient deliver? <input type="text"/>	Delivery date? <input type="text"/>	Intends to breastfeed <input type="text"/>	
Postnatal			
Date baby born <input type="text"/>	Currently breastfeeding <input type="text"/>	<input type="text"/>	

Psychiatric history

Is the patient known to mental health services?

If yes, please provide details of caseload holder/team

Psychiatric diagnosis and history

Current medication

Legal status?

Is there an advanced statement?

Current alcohol and drug use

Alerts eg (Child protection, Adult Support and Protection)

Past medical history

If yes, please provide details

Perinatal risk factors

Does the patient have a personal history of?

Bipolar Disorder?

Does the patient have a family history of Postpartum Psychosis?

Postpartum Psychosis?

Does the patient have a family history of Bipolar Disorder?

Other Psychotic Disorder?

If so please provide details

Severe Depressive Disorder?

Other risk factors

Current risk to self (eg. Thoughts of suicide/DSH: self neglect)

If so please provide details

Current risk to others (eg. Thoughts of harming child/children)?

Current risk from others

Known Forensic/Criminal History, please give details.

Details of professionals currently involved (Please provide name, location and contact details)

Midwife

Obstetrician

Health Visitor

Social Worker

Other

Additional Details

Is an Interpreter required?

If so which language is required?

Is the patient aware of referral?