

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

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?