**Essex Perinatal Mental Health Service**

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| **Is this referral (please see Severity Guide at end of form)** | |
| URGENT (please phone the team) | ROUTINE |
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| **Area** | |
| South East Essex | South West Essex |
| North East Essex | Mid Essex |
| West Essex |  |

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| **Referrer details** | |
| Name: |  |
| Agency: |  |
| Contact Number: |  |
| Email Address: |  |
|  | |
| **Has the patient consented to the referral and being contacted by PNMHS** Yes No | |
| (this can be via text/ telephone or letter and it will be from withheld number) | |

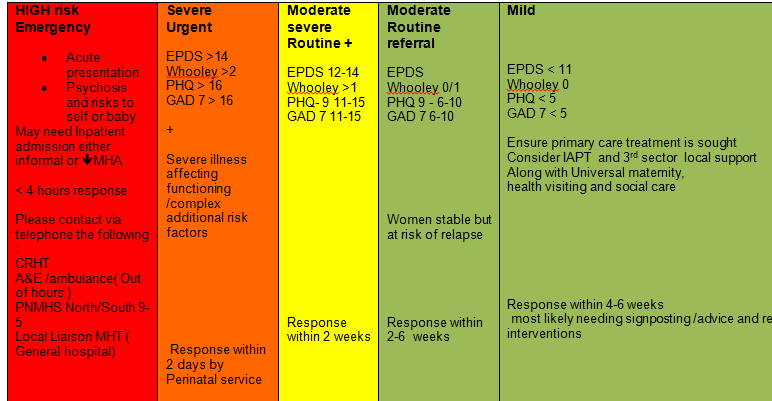
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| **Patient Details** | | | | |  | **Antenatal Referral** | | | |
|  | | |  | |  |  | |  | |
| Name:  Preferred Name: | | |  | |  | EDD: | |  | |
|  | |
| DOB: | | |  | |  | Gestation: | |  | |
| Contact no: | | |  | |  | Gravida/Parity: | |  | |
| Address: | | |  | |  | Any previous losses: | |  | |
|  | | |  | |  | Community Midwife: | |  | |
|  | | |  | |  |  | |  | |
| NHS No:  Ethnicity: | | |  | |  | DOB (Baby): | |  | |
| Interpreter required? | | |  | |  |  | |  | |
| Remedy/Mobius number: *(If known)* | | |  | |  | Health Visitor: | |  | |
| **GP Surgery:** | | |  | |  | Other agencies involved: | |  | |
|  | | |  | |  |  | |  | |
| **Reason for referral** | | | | | | | | |
| Tokophobia (fear of childbirth) | | | | | | | | |
| Prescribing advice in pregnancy and breastfeeding (for valproate treat as urgent and phone in) | | | | | | | | |
| Preconception counselling – *for valproate please refer to local FRT/AAT* | | | | | | | | |
| Moderate – severe mental illness: | | | Current | | | Past | | Both |
|  |  | |  | | |  | |  |
| Depression | Anxiety | | PTSD | | | OCD | | Personality disorder |
| Bipolar affective disorder | | | Schizophrenia/Psychosis | | | | |
|  | | | | | | | | |
| Family / Personal history of Bipolar affective disorder or post-partum psychosis | | | | | | | | |
| Other (please describe) | | | | | | | | |

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| **Risk:** | Self (self harm / suicide) | | | | | Others | | | | Baby |
|  | Vulnerability | | | | | Self neglect | | | | Exploitation |
| Please describe in detail: | | | | | | | | | | |
| **When Perinatal red flags are present please consider urgent referral /discussion with our team and CRHT**  • Recent and significant mental state change/ sudden fluctuation and deterioration in mood  • New thoughts/acts of self harm or harm to others ( baby in particular)  • Estrangement from infant/ inadequacy as a mother  • Thoughts / acts of absconsion  • Previous history of suicide /self harm | | | | | | | | | | |
| **Additional Risk Factors:** | | | | | | | | | | |
| **Substance Misuse** | | Current | | | | Past | | | |  |
| *Substance Details* | | *Type:* Click here to enter text. | | | | *Amount:* Click here to enter text. | | | |  |
| **Learning Disability** | | <18 year old | | | | | | | | |
| **Social Situation** | | Unemployed | | Financial difficulties | | | | | | homeless |
|  | | Isolated | | Communication issues | | | | | | |
| Medical problems | |  | | | | | | | | |
| Other | |  | | | | | | | | |
| **Current treatment and support in place** | | | | | | | | | | | | |
| Current Medication: | | | | |  | | | | | | | |
| Primary Care Treatment prior to referral: | | | | |  | | | | | | | |
| ***(For women with mild- moderate depression/anxiety first step treatment as per CG 192 should be tried ie first line medication and IAPT/enhanced HV support ( post-natal) or additional Children social care support if appropriate /other 3rd sector agencies)*** | | | | |
|  | | | | |  | | | | | | | |
| **Other agencies involved** | | | | | | | | | | | | |
| Adult Community MHT: | | | | Care Coordinator | | | | | | Psychiatrist | | |
| Children Social Care: | | | | CIN Plan | | CP Plan | | | |  | | |
|  | | | | Under assessment | | | | Unknown | | | | |
| Adult Social Care: | | | | MARAC | | MAPPA | | |  | | | |
| Other: (ie Substance misuse, eating disorder, 3rd sector, etc) | | | |  | | | | | | | | |
| Family / Friends Support: | | | |  | | | | | | | | |

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| **Scores – Routine Questionnaires** | |
| **EPDS** *Insert Score* | **GAD 7** *Insert Score* |
| **PHQ 9** *Insert Score* | **Other** *Insert Score + Specify Questionnaire* |

**Severity Guidance**

Please use this as a point of reference for urgent and moderate to severe referrals please phone in the office to discuss with our duty worker.



**Area of referral/contact details**

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| **North Hub**  [Perinatalteam@nhs.net](mailto:Perinatalteam@nhs.net)  Specialist MH Midwife (Mid Essex)  Amy Harrington  Mandy Ward  *Tel: 01245 513251*  Sue Calahan (NE )  01245315637 | NE – Colchester Hospital  WE Princess Alexandra hospital  Mid – Chelmsford |
| **South Hub**  [Perinatalteam@nhs.net](mailto:Perinatalteam@nhs.net)  Specialist MH Midwife  Vicky Stewart ( Basildon, Thurrock, Brentwood)  Frances Jory ( Southend , Castlepoint, Rochford)  01702538170 | Southend Hospital  Basildon Hospital |