



Queensland
Government

**Metro South Addiction &
Mental Health Services**
**Logan-Beaudesert Perinatal Wellbeing
Service Referral**

Qld Health identification label only

Scan and email form to: WellbeingPerinatal@health.qld.gov.au or fax to (07) 3089 2722
Telephone queries ph. (07) 3089 2734

Patient Family Name:

Given Name:

Date of Birth:

Country of Birth:

Marital Status: Single Defacto Married
 Separated Divorced Widowed

Religion:

Interpreter Required? Yes No

If yes, language:

Address:

Phone (home):

Work:

Mobile:

Email:

Has the patient agreed to the referral? Yes No

Next of Kin (name):

Relationship:

Contact No.:

Baby's Details (if applicable):

Name:

Date of Birth:

M F

Indigenous Status:

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Torres Strait Islander and Aboriginal origin
- Neither Torres Strait Islander nor Aboriginal origin
- Not stated or unknown

Referrer's Name:

Designation:

Service:

Address:

Phone:

Email:

Reason for Referral:

Antenatal - EDC:

Postnatal - number of weeks:

Other relevant medical history:

Mental health history:

GP (name):

Phone:

Fax:

Address:

Email:

If the GP is not the referrer, are they aware of the referral? Yes No

Referrer's signature:

Date of Referral:

DO NOT WRITE IN THIS BINDING MARGIN

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Locally Printed



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