PANDA
Perinatal Anxiety & Depression Australia

PANDA - Perinatal Anxiety & Depression Helpline Referral Form

Once all sections of the form have been completed please return to our office via fax
(03) 9482 6210
All referrals will be triaged, please provide as much information as possible

Referrer Details

Referrer Organisation

Street Address

Suburb

State

Postcode

First Name

Last Name

Position

Job Title

Phone

Fax Number

Email

Client Details

First Name

Last Name

Date of Birth

Gender

☐Male

☐Female

☐Other

Street Address

Suburb

State

Postcode

Phone Number

Email (Where possible, please provide)

Consent for PANDA to leave a message?
☐Yes
☐No

Aboriginal or Torres Strait Islander?
☐Yes
☐No

Language spoken at home

Interpreter Needed?
☐Yes
☐No

Born in Australia
☐Yes
☐No (if no please specify)

Where were they born?
☐Yes
☐No

Has the client ever received specialist mental health care?
☐Yes
☐No

Perinatal Status

☐**Antenatal**

Estimated Delivery Date:

☐**Postnatal**

Weeks Postpartum:

D.O.B

Infant's First Name

Infant's Surname

Names and DOB of other children (If any)

GP Name and Practice

Other health professionals/services currently involved:

Diagnosis (if any):

☐Perinatal Depression
☐Perinatal Anxiety
☐Bipolar Disorder
☐Obsessive Compulsive Disorder
☐ Borderline Personality Disorder
☐ Eating Disorder
☐Other

Screening Tool Used | Screening Score | Date

Current Medications | Past Medications

Current Symptoms

Current Supports

Mental Health History

Reason For Referral

Other Referrals Made (e.g acute mental health triage, helplines, counselling, family services, medical)

Risk Assessment

Suicide	Self Harm	Alcohol and Drug Use	Family Violence
☐Yes	☐Yes	☐Yes	☐Yes
☐No	☐No	☐No	☐No
☐Unknown	☐ Unknown	☐ Unknown	☐ Unknown

Please Specify

Record of Client Consent

The client agrees that the above information may be shared with PANDA in order for them to contact me and offer support.

☐Tick to confirm verbal consent has been given

I the referrer have discussed the referral with the client and am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.

☐Tick to confirm you have discussed this with client