



Figtree Private Hospital
Part of Ramsay Health Care

Illawarra Early Parenting Centre
MEDICAL REFERRAL

Unit Record No _____
Surname _____
Given Names _____
D.O.B. _____ Sex _____

Financial Coverage: Privately Insured Self Insured
Health Fund: _____ Table: _____
Membership No: _____

INFANT DETAILS

Infant Surname: _____ Given Name: _____

Date of Birth: _____

Details of Issues/Behavioral Concerns

Clinical Indication for admission:

Irritability (Unsettled behaviour) Feeding difficulties Lack of expected normal psychological development (failure to thrive)

Relevant Medical Conditions:

Immunisations up to date Yes No - Details: _____

Current Medications:

PARENT/CARER DETAILS

Parent Surname: _____ Given Name: _____

Date of Birth: _____ Mental Health/ History: _____

Contact Numbers: _____

Relevant Medical Conditions:

Current Medications: _____ EDPS Score: _____ Question 10 _____

VMO/GP/CFHN REFERRING DETAILS

Name: _____

Provider number: _____

Medical practice name/ Clinic Name: _____

Address of medical practice:

Phone number: _____ Fax number: _____

Email address: _____

FOR OFFICE PURPOSES - TO BE COMPLETED BY FIGTREE PRIVATE HOSPITAL STAFF

Date referral received: _____

Date Fund check completed: _____

Reviewed by: _____ Date of review: _____

BINDING MARGIN - DO NOT WRITE

EPC01 02/18 SNAP WOLLONGONG

EARLY PARENTING CENTRE REFERRAL
EPC01



History/Physical Exam RHC300.23



Figtree Private Hospital

Part of Ramsay Health Care

POSTNATAL DEPRESSION SCALE

Unit Record No _____

Surname _____

Given Names _____

D.O.B. _____ Sex _____

As you have recently had a baby, we would like to know how you are feeling. Please tick the box of the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today. Here is an example,

I have felt unhappy:

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: "I have felt happy most of the time" during the past week. Complete the other questions in the same way.

1. I have been able to see the funny side of things:

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things:

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

3. I have blamed myself unnecessarily when things went wrong:

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

4. I have been anxious or worried for no good reason:

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

5. I have felt scared or panicky for no very good reason:

- Yes, quite a lot
- Yes, sometimes
- No, not as much
- No, not at all

6. Things have been getting on top of me:

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

8. I have felt sad or miserable:

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9. I have been so unhappy that I have been crying:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10. The thought of harming myself has occurred to me:

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

Date Completed: _____

Total Score: ____/30

Total Score for question 10: ____/3

BINDING MARGIN - DO NOT WRITE

EPC03 12/17 SNAP WOLLONGONG

POSTNATAL DEPRESSION SCALE

EPC03