

Please send referral form to; NCL.perinatal@Candi.nhs.uk Telephone number:

South Team (Camden and Islington): 020 3317 7114
East Team (Enfield & Haringey): 020 3317 7198
West Team (Barnet): 020 3317 7001

Referral Criteria:

Our clinicians in the Perinatal Service are happy to discuss with you the appropriateness of any referral that you are considering making to the service. We have described below the needs/diagnoses of the women that the service is able to work with.

Women who are planning a pregnancy or pregnant or who gave birth within the last 13 months and have;

- Been diagnosed at any time with a **severe mental illness**, (I.e. bipolar affective disorder/schizophrenia/ schizoaffective disorder/postpartum psychosis/severe depression), or
- Are currently **open to a secondary mental health service**, or
- Are experiencing **new thoughts or acts of self-harm**, or
- Have experienced a **recent significant change in mental state**, or
- Have a mental illness/psychological disturbance that **can't be managed by primary care services**, or
- Have expressions of **incompetency as a mother or estrangement from the infant** or
- Would benefit from advice on/review of psychiatric **medication** during pregnancy/breastfeeding (This includes provision for preconception advice and relapse prevention work)

In making your referral please consider functional impairment, level of social support, substance use, safeguarding issues and if there is a need for an immediate response. (If the woman's needs are acute and urgent referral to local crisis services should be considered)

North London Partners (NLP) accepts referrals for women who live in NLP area. If they do not live in NLP area they must have a GP in NLP area.				
Please underline borough of residence; (**)				
Barnet	Camden	Enfield	Haringey	Islington
If woman is <u>not resident</u> of NLP area please underline borough of GP				
Please underline borough of GP; (**)				
Barnet	Camden	Enfield	Haringey	Islington

Please select referral type;

<input type="checkbox"/> Antenatal	
Expected Delivery Date (EDD):	Weeks pregnant:
Booking / <u>Delivery Site:</u> (please underline) Whittington / UCLH / North Middlesex / Royal Free/ Barnet/ Other (If other please name);	
<input type="checkbox"/> Postnatal	
Date baby was born:	
<input type="checkbox"/> Pre-Conception Advice	

Personal details (please enter details legibly in block capitals)		
First name:	Surname:	
NHS number:	Date of Birth:	Age:
Address:	Postcode:	Borough:
Email:	Contact by email Yes / No	
Is this address permanent? Yes / No	Marital status:	
Contact numbers:	Contact by text? Yes / No	
Interpreter required? Yes / No	Preferred language:	
Ethnicity:	Nationality:	

GP details (please enter details legibly in block capitals)	
Name:	
Address:	Postcode:
Telephone:	Email:

Referrer details (please enter details legibly in block capitals)	
Name:	Job Title / Team:
Address:	Postcode:
Telephone :	Email:

Reason for referral (brief summary of problems). Include current mental state and substance use	

Is the patient aware of this referral? Yes / No	Consent given? Yes / No
---	-------------------------

Children: (Include full names & DOBs)					
First Name:	Surname:	M/F:	DOB	Where living:	Who with:

Medical History (Y or N or not known). Include details of allergies, relevant personal or family medical history.	
Medical Problems	Details:
Currently taking medication	

Psychiatric History. (Include family history if known)			
Past history of mental illness	Yes / No	Details (contacts for all professionals involved, e.g. care coordinator, consultant psychiatrist)	
Past history of substance misuse	Yes / No		
Family history of mental illness	Yes / No		
History of learning disabilities	Yes / No		
Any Previous Diagnosis			
Obstetric history			
Obstetrician:		Named midwife:	Next appointment:
Previous pregnancies		Gravida (number of pregnancies):	Parity (number of deliveries):
Feelings towards pregnancy / baby:			
Potential Stressors (detail problems in the areas listed - Y or N or not known)			
History of stillbirth / late miscarriage/ traumatic birth		Details:	
Social stressors e.g. employment, financial /debts, housing / homelessness			
Relationship stressors e.g. domestic violence, partner, family, friends			
Social support (or lack of)			
Other			
Known Risks (detail any evidence of risk in the areas listed - Y or N or not known)			
Dangerousness / risk to others		Details:	
Risk of self-harm / Self-neglect			
Known to social services			
Safeguarding Adults / Vulnerability			
Safeguarding or child protection concerns			
Signature of referrer:		Date:	

This is not an emergency service

For **emergency help** call 999 or direct people to mental health liaison at their local A&E department.
For **urgent help** refer to the local crisis team:
Camden & Islington 020 3317 6333 **Barnet** 020 8702 4040
Enfield 020 8702 3800 **Haringey** 020 8702 6700