**REFERRAL INFORMATION**

Referral Worker: Referral Agency:

Worker’s Phone: Fax: Email:

**Referra**l **for a mental health assessment and possible treatment based on**:

A screen shows possible PPD; Please indicate which screen and score:

Observation that indicates possible PPD, that includes maternal relationships and/or emotional issues that may interfere with the mother’s ability to care for her child.

***Please email this form, completed screen instrument if one was done, other pertinent information, and a signed consent form indicating that referrer and Sheppard Pratt can communicate TO:*** [***referrals.HMHB@sheppardpratt.org***](mailto:referrals.HMHB@sheppardpratt.org) ***or Fax: 301-840-1348***

**CLIENT INFORMATION**

Name: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Baby: EDC/DOB:

Ethnicity: Preferred language: \_\_\_\_\_\_\_\_\_\_\_\_\_ More than 1 child in the home? *Yes or No*

Address:

Ph #’s: cell: other: Email address:

**CLIENT ASSESSMENT** *Please answer as much as you know of the client. Skip those you cannot answer.*

|  |  |
| --- | --- |
| Uninsured  Insured, Medicaid #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Current medications?  No  Yes, medications: |
| Does the client have thoughts of harming herself/ others; ideation/plans/preparation? No  Yes, explain: | How is the client’s physical health? Good  Fair Current or chronic issues: |
| Has client had mental health treatment in the past or hospitalizations for mental health reasons?  No  Yes, when and what issues addressed: | Did the client have a C-Section during the most recent birth? No  Yes  Not applicable (client is currently pregnant) |
| Are there concerns about possible drug and alcohol abuse?  No  Yes, explain: | Are there concerns about the baby?  No  Yes, explain: |

Please briefly describe the client’s symptoms, concerns, and the reason you feel therapy would be helpful.

Underline any of the following common symptoms if that helps you answer the question: *Mood*: decreased enjoyment, self-blame, anxiety, panic (including physical feelings such as heart racing, sweaty, cold, flushed), frightened, irritable, sadness, tearfulness, guilt, thoughts of being a “bad mother,” hopelessness, helplessness, obsessive worries or compulsive behavior. *Behavior*: difficulty caring for physical needs of self or baby, trouble sleeping/napping when the baby is asleep, frequent trips to pediatrician or ER when there is no evident physical problem, decreased energy. *Physical symptoms*: frequent, unexplained headaches, backaches, or stomachaches.

Comments: