Te Whatu Ora
Health New Zealand
Waitaha Canterbury
MATERNITY SERVICES

NHI ..... WARD .....
SURNAME .....
FIRST NAME .....
GENDER ..... DOB ..... AGE .....
(or affix patient label)

Birth After Thoughts Clinic Triage

BIRTH AFTER THOUGHTS CLINIC TRAIGE

Referred by: ☐ Self ☐ GP ☐ LMC Date of referral: ……/……/…….

Name:	DOB: / /
Address:	
Phone:	☐ Permission to leave message *(please be aware, when we phone it will be displayed as a private number)*

Which ethnic group(s) do you belong to?
☐ Māori ☐ NZ European ☐ Samoan ☐ Cook Island Māori ☐ Tongan ☐ Niuean ☐ Chinese
☐ Indian ☐ Other such as *Dutch, Japanese, Tokelauan – please state:* .....

How can we meet your cultural needs?

Do you have any of the following requirements?
☐ Need an interpreter, *if yes please specify language:* .....
☐ Live with a disability, *if yes please specify assistance needed:* .....
☐ Other
☐ N/A

Partner/Next of kin name:

Baby's/pēpi name:

Which ethnic group(s) does your baby belong to?
☐ Māori ☐ NZ European ☐ Samoan ☐ Cook Island Māori ☐ Tongan ☐ Niuean ☐ Chinese
☐ Indian ☐ Other such as *Dutch, Japanese, Tokelauan – please state:* .....

Baby's/pēpi DOB: / /	Gravida:	Parity:

Location of birth:

☐ Vaginal birth ☐ Assisted birth ☐ Induced ☐ Elective caesarean ☐ Unplanned caesarean

Did baby/pēpi go to the Neonatal Unit? ☐ Yes ☐ No
Are your concerns related to your baby/pēpi going to the Neonatal Unit?

In your own words, please tell us what you hope to gain from a birth after thoughts discussion. Emotional and mental health wellbeing.

OFFICE USE ONLY
☐ Meets BATC criteria ☐ If not at this time, specify action, ie. GP, MMH team: .....
☐ BATC appointment booked Date: ……/……/……. Time: ..... ☐ Person advised
BATC visit location: ☐ WOPD ☐ Phone ☐ Video call ☐ Other *(specify)* .....
Copy of clinical notes: ☐ request to be sent to person *(allow 20 working days)* ☐ to be given at time of visit
☐ Additional support, *ie. cultural, accessibility organised/booked (specify):* .....
☐ Document bookings *(if more than one, coordinate to avoid repeat visits)*

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Birth After Thoughts Clinic Visit

☐ Obstetric or GP referral needed for clinical assessment and treatment/support MMH

What would you like to ask/discuss today?

What would whānau like to ask/discuss today?

What we reviewed and discussed today.

Tools

GP: (verbal consent to notify) Y ☐ N ☐

LMC:

Well Child provider:

Referrer's name:

Phone: Email:

☐ Would you like us to put you in touch with a community mental health wellbeing support provider?
If yes, please let us know if you have cultural preferences .....

Is further Te Whatu Ora Waitaha input required?
☐ Obstetric or GP referral needed for clinical assessment and treatment/support MMH – **URGENT**
☐ Obstetric clinic appointment, *specify clinic:* .....
☐ Gynaecology clinic appointment, *specify clinic:* .....
☐ Neonatal team appointment, *specify clinic:* .....

Community support: ☐ GP
☐ Community support and treatment, *specify provider:* .....