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Parent's information

Full name: Date of Birth: / /

Gender:

Address:

Suburb: Postcode:

Home phone: Mobile: Email:

Partner's name: Phone:

Ages of any other children:

Have you attended any other Early Parenting Unit? (please tick) Inpatient Day Stay Community Program

Is there a Paediatrician involved in care? Yes No

Name: Phone: Fax:

Baby information

Full name: Date of Birth: / /

Sex: Male Female Hospital where born:

Any birth complications?

Existing Problems: Sleep Colic Reflux Allergies/Intolerances

Diet: Breast feeding Artificial feeding Solids (Type:) Other

Immunisations up to date? Yes No

Medications:

Allergies:

Comments/goals:

Referral

Please note: A General Practitioner referral will be required prior to booking an admission.

Referral received? Yes No

Health fund and Medicare details

Medicare number: Expiry date:

Parent's name on card: Baby number on card:

Name of health fund: Family cover? Yes No

Membership number: Table:

How long have you been with this fund?

As you have recently had a baby, we would like to know how you are feeling.
Please tick the answer that comes closest to how you have felt in the past 7 days – not just how you feel today.

In the past 7 days

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

- As much as I always could
- Not quite as much now
- Definitely not so much now
- No, 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 good reason:

- Yes, quite a lot
- Yes, sometimes
- No, not so 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
- Only occasionally
- No, never

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, quite often
- Sometimes
- Hardly ever
- Never

Date completed: / /

Score (for office use only):

How would you describe how you have felt over this past week?

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Do you have any comments about your birth experience?

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