

# REFERRAL FORM

Perinatal & Infant Mental Health Support

Complete the form below as fully as possible

Please ensure the client has consented to the referral ahead of submitting it to us.

Completed forms should be sent to: [info@nurturetheborders.com](mailto:info@nurturetheborders.com)



Nurture  
the Borders

## MORE INFORMATION

Unit 6 Tweed Mill, Selkirk, TD7 5DZ  
0300 030 5361 (Office)  
[www.nurturetheborders.com](http://www.nurturetheborders.com)

## Parents Details :

Date Of Referral : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Name :

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

Address :

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Due Date/  
Baby's DOB : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Baby's Name : \_\_\_\_\_  
(if Known)

## Reason for Referral

Are there any safeguarding concerns?  Yes  No

If yes, please give details

Do you have further information about this referral that you would like to discuss with us on the telephone?  Yes  No

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**Are there any other agencies supporting this family?** (Please tick all that apply)

Midwife    Health Visitor    Social Work    Family Nurse Partnership    Renew    CPN

NHS Perinatal Mental Health Team    Transitions Team    Wellbeing Service    Women's Aid    Parent Space    Children 1st

PMH Borders    Other :

**What level of priority do you believe this referral is?** (We try to give priority where the referrer is concerned)

High    Medium    Low

## Your Details (Referrer) :

Name :

Agency:

Phone Number :

Email Address :

Anything else you would like to tell us?

THANK YOU FOR YOUR REFERRAL

Referrals should be sent to: [info@nurturetheborders.com](mailto:info@nurturetheborders.com)