**Perinatal Peer Support Group – Self Referral Form**

The purpose of this form is to gather some basic information to log in relation to your self referral to our Perinatal Peer Support Groups. This information is not logged on any online system, but is kept on file so that we are able to access your contact details should we need to contact you.

If you have any concerns with this, please do contact us on livewell.perinatalpeersupport@nhs.net. Please complete the form and return to us via email, alternatively, here is a link to an online form.

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| --- | --- | --- | --- |
| **NAME**  |  | **Name of Baby** |  |
| **DOB** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | **DOB/EDD of Baby** |  |
| **Address****Postcode** |  |
| **Contact Number**  |  |
| **Email Address** |  |
| **Preferred Contact Method** | **Phone – Y / N****Email – Y/ N****Text Message – Y / N** |
| **Demographic Information - Ethnicity** |  |

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| **Please give us a brief reason why you have reached out to us** |  |
| **What are you hoping to achieve by attending?** |  |
| **Is there anything specific we can help you with?** |  |
| **If we were to bring in other professionals to deliver talks, activities or advice – what services or topics would interest you.** | i.e. weaning advice, photography opportunities, messy play, other mental health professionals, safe sleeping etc.  |