502 N. Silverbell Road | Tucson, AZ 85745
Phone: (520) 202-1987
Fax: (520) 202-1702
Web: www.CODAC.org

Serafina Women's Services Prenatal and Postnatal Referral Form

Client Contact Information
Date: _________________________
Name of client:____
Address: ____
Phone: __________________________________

Agency Making Referral
Referring agency or practitioner: ____
Phone: __________________________________
Relationship with client:____

About the Client
If pregnant, how many weeks or months of gestation?______________________________
If postpartum, when was the baby born?____
If you are using the Edinburgh Postnatal Depression Scale (EPDS), what was this client's
Total score:____
Score on #10_____ (0,1,2,3?). If any score other than '0,' does client have a plan or date to end her life?
Comments (What did client say? Is she safe?):_____________________________________
____

Please List any past psychiatric treatment or diagnosis:
____
____
____

Disposition
Does Serafina have permission to get in touch with this client?
*Do you have any other concerns about this client that you'd like to share?
(Please indicate in the space below, or call us at 202-1987.) __________________________
____

**Serafina is pleased to assist with non-urgent care. If your client is in imminent danger, please contact the Crisis Response Team at 520-622-6000, have your client to the nearest hospital Emergency Room, or call 911.*

Please fax this form to Serafina Women's Services at (520) 202-1702.