



**METANOIA HEALTH & WELLNESS**  
3089 FOREST GLADE DRIVE  
WINDSOR, ON N8R 1W6  
P: 519-916-0400 F: 519-916-0488

## **Perinatal Mental Wellness Clinic**

**Physician:** Dr. Akthar (Psychiatrist)

Clients referred to this program will receive the following:

- Ongoing psychiatric care for 1 year from referral date
- Treatment Implementation & Supports

Client must have a valid health card at the time of referral.

*Please note that we do not provide any CRISIS services at this location.*

<b>PATIENT INFORMATION:</b>	<b>REFERRING HCP INFORMATION:</b>
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE NUMBER: _____	TELEPHONE NUMBER: _____
IS IT OK TO LEAVE A VOICEMAIL: _____	FAX NUMBER: _____
OHIP: _____	SIGNATURE: _____

## **Obstetrical History**

<b>G</b>	<b>P</b>	<b>A</b>	<b>EDC</b>
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**Please check all that apply:**

☐ Pregnancy      Gestational Age \_\_\_\_\_ High Risk: \_\_\_\_\_

☐ Pregnancy Termination      Date: \_\_\_\_\_

☐ Loss      Date: \_\_\_\_\_

☐ Postpartum      Delivery Date: \_\_\_\_\_

## **Reason for Referral**

\*We can see patients for the following concerns:

☐ Pre-Conception Consultation

☐ Post-Partum Prevention (Please describe previous episodes or significant psychiatric history)

Active Psychiatric Symptoms (Please check all that apply):

SYMPTOMS					
DEPRESSION	Sadness/ Crying	Guilt/ Shame	Irritability/ Anger	Loss of Interest	Poor Self- Esteem
MANIA	Pressured Speech	Thoughts Racing	Not Sleeping		

ANXIETY	Intrusive Thoughts	Panic	Excessive Worry	Fear of being alone with baby
SUBSTANACE USE	Marijuana	Alcohol	Street Drugs	Prescription Drugs
PSYCHOSIS	Bizarre Behavior	Delusions	Hallucinations	
OTHERS				

Duration of symptoms: \_\_\_\_\_ Days \_\_\_\_\_ Weeks

Increasing  
Decreasing  
Same

### **Current Medications**

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### **Current Supports**

Please list any involved mental health professionals:

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