



Referral Form

Taranaki Tau te moe
Tau te tamaiti, tau te āhuru, tau te moe



Date referral made:

Referral for insert mama & pepi label:

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Phone#1:	Phone#2:	Gravida:	Parity:
EDD or DOB:	Email:		

SUDI Risk Criteria note: must meet at least two criteria

- Smoking *circle whether* Antenatally Postnatally
- Preterm or low birth weight (<37 weeks or <2500g)
- Household factors of substance or alcohol use
- High social need / overcrowding
- Previous SUDI
- Mental health concerns or low maternal support

Ethnicity

- Maori
- Pacific
- NZ European
- Other

Does baby have a bed?

Yes
Wahakura/bassinette/cot

No
whanau don't have a bed for baby

Referrer:	Contact #:	Comments:
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Please complete form and email to: grace.maha@tdhb.org.nz



Department: Maternity	Responsibility: SUDI Coordinator	Date Issued: June 2020
Caveat: The electronic version is the Master copy and in the case of conflict, the electronic version prevails over any printed version.		