

Appendix 1: Appointment Booking Form

WE LOOK FORWARD TO SEEING YOU

Dear Mother,

During today's screening, we found that you have some features of depression.


We would like to offer you some help to resolve this, so you can provide the best possible care for your child, and be healthy yourself.

If you are interested in getting help, you can use this form to choose a time and place for your first appointment.

We look forward to supporting you and your child. If you have any questions, call **08028140458**.

Thank you!

1 SELECT APPOINTMENT LOCATION & TIME

 Home Support

 Individual Support at the NPI

DAY _____ TIME _____

2 SUPPORT GROUP



Group Support at the NPI

YES NO

3 YOUR INFO




NAME / ID _____

PHONE _____

ADDRESS _____

4 FOR OFFICE RECORD

LOCATION

DAY _____

TIME _____