



CONSENT FOR POST-PARTUM DEPRESSION ASSESSMENT

It is common for mothers to feel many different emotions during the first months of caring for a baby. Mothers may feel happy at one moment and then sad at another moment. Usually, the feelings of sadness are mild and resolve with time and rest. Other times, those sad feelings are strong and long lasting and mothers may find it difficult to care for themselves or their infant.

As pediatric clinicians, we know that infant health and well-being is closely linked to mother's health and well-being. We are therefore asking you to complete a post-partum depression questionnaire to help us better understand your feelings as the mother of an infant.

We will review your responses with you after you complete the assessment. Please ask any questions and share any worries you may have. If we discover concerns about your wellbeing from your screening, we may recommend that you follow-up with your health care clinician. If you do not have a primary care clinician, we are able to assist you in establishing a relationship with a health care clinician. Our goal is to work with you, and if indicated, your health care clinician, to help you and your infant achieve optimal health.

To complete the assessment, please complete the information below.

Consent:

I hereby consent to the maternal post-partum depression assessment.

I understand this assessment is complexly voluntary and my infant's care will not be affected should I not participate. I understand that based on the results of my assessment, follow-up care may be required for me with other health care clinicians for additional services. In that case, I authorize a copy of my assessment be sent to my delegated primary health care clinician.

Mother's Signature

Mother's Name

Date