

Apni Support Request Form

I would like to request some support from the Association.

Name (Mr, Mrs, Miss).

Address

.....

Phone:

I should/should not like to speak to mother who has recovered from this illness.

I should/should not like email contact

The Baby ismonths old

The baby is my (first, second,etc)

The baby is/is not healthy and is a (girl, boy).

I have been unwell for

I have/have not seen my doctor.

My doctor prescribed

I have been on the treatment for

I was/was not depressed while I was pregnant.

I have/have not suffered from depression before I became pregnant.

I have/have not suffered from a previous mental illness (please specify)

.....

The main feature/symptom of my illness is:

.....

.....

Please tell us any information that you feel is relevant or helpful to us below.
If you want more space please continue on a separate sheet of paper.

.....(continued)

.....

This information is requested so that we can offer appropriate volunteer support to women who request it. All information is treated in the strictest confidence and women who prefer not to answer some of the questions above are under no obligation to do so.

Please send this form to:

**The Association for Postnatal Illness 145 Dawes Road
Fulham
London**

SW6 7EB

Please enclose an S.A.E. N/2011