

To my trusted healthcare practitioner,

This document is a way to help me describe what I am going through and the support I am hoping to receive. Please be aware that I may find it difficult to talk about some/all aspects of the information I have provided so please ask questions considerately and gently.

A note from PANDAS and Make Birth Better to the healthcare provider: Misdiagnosis is common with perinatal mental and physical health. Please consider all potential challenges this person could be facing including depression, trauma, birth trauma, physical birth injury, anxiety, tokophobia, obsessive compulsive disorder, psychosis or anything else relevant to their individual circumstances.

ABOUT ME

Complete as appropriate for your most recent experience of trying to get pregnant, pregnancy, birth or miscarriage:

I am currently _____ (number of weeks if known) weeks pregnant

I gave birth on _____ (Day/Month/Year)

I miscarried at _____ (number of weeks if known) of pregnancy

I have been trying to conceive for _____ (number of weeks / months / year)

MY SYMPTOMS

Below is a list of symptoms that people can face in response to their experiences of trying to get pregnant, during pregnancy, birth and the week, months or years after.

Please tick the symptoms you have been experiencing. You can also add notes to indicate the frequency of these symptoms such as 'I feel this one a little bit', 'I feel this quite a bit', 'I feel this often', 'I feel this all the time'.

- Feeling nervous, anxious or on edge
- Feeling down, depressed or hopeless
- Feeling more jumpy, irritable or under threat
- Feeling little interest or pleasure in doing things I used to like
- Difficulty concentrating
- Difficulty bonding with my baby
- Trouble falling or staying asleep, or sleeping too much
- Feeling distant or cut off from other people
- Loss of appetite or overeating
- Repeated, disturbing and unwanted thoughts, memories or flashbacks
- Feeling strong negative emotions such as fear, anger, failure, guilt, shame, blame
- A loss of sex drive
- Having a strong physical reaction when someone reminds me of my stressful experiences (e.g. heart pounding, trouble breathing, sweating)
- Thoughts of harming myself / my baby
- Thoughts of taking my own life
- A compulsion to check, clean or count to feel safe
- Finding it hard to care for myself, such as showering or changing my clothes
- Challenges with my relationship with my partner and or challenges with my family dynamic.

Complete about medication if relevant to you:

I am currently taking this medication

..... I have been taking this since(insert date I feel this medication is contributing to my wellbeing / not improving my current symptoms (delete as appropriate))

