

IOWA PERINATAL MENTAL HEALTH CONSULTATION SERVICE

University of Iowa
Department of Psychiatry
200 Hawkins Drive
Iowa City, IA 52242

Phone: 319-384-6738
Fax: 319-353-7788

Healthcare Provider Consultation Service Query Form

Disclaimer: While providers seeking consultation may contact this service for information in making treatment decisions about a particular patient or patients, this service does not consult directly to or about individual patients, and should not be construed as direct advice about managing any particular patient's care.

*Fields marked * are mandatory fields*

Date:

*Your name:

What type of healthcare provider are you?

- | | | |
|--|--|--|
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Obstetrician/Gynecologist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Family Practitioner | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Psychiatrist | |

At what hospital, clinic or agency do you work?

*In 100 words or less, please provide the question you would like us to consult about:

What is the best way to reach you with our reply?

Email: _____

Phone: _____

Best day(s) to call: M T W Th F Best time(s) to call: _____

Fax: _____

FAX FORM to University of Iowa at: 319-353-7788