

WellMama Pregnancy and Postpartum Support Services

Release of Information

Please fill out the information needed:

Name:

Phone Number:

Email:

I, _____, give permission to share this information on this form with WellMama, Maternal Mental Health Support Services, for the purpose of coordinating support.

Yes, please send me email reminders about WellMama Support Groups

Y/N: Spanish services needed?

Weeks of pregnancy/age of baby _____

Signature

Date

Provider: Please email info@wellmamaoregon.org or fax this form to (541)344-1737 and one of our trained peer support volunteers will contact this client.