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Health Professionals:

|  |  |
| --- | --- |
| Name of health professional: |  |
| Profession / Position: |  |
| Organisation: |  |
| Address: |  |
| Phone number: |  |
| Email: |  |

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| --- | --- |
| Name of health professional: |  |
| Profession / Position: |  |
| Organisation: |  |
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| Email: |  |

Support network:

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Phone number: |  |
| Email: |  |

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| --- | --- |
| Name: |  |
| Relationship: |  |
| Phone number: |  |
| Email: |  |

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| --- | --- |
| Name: |  |
| Relationship: |  |
| Phone number: |  |
| Email: |  |

**Responses to EPDS Items**



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**COPE Management Plan**