



Eastside Midwives-

Referral for Ante & Post Natal Care

Date: _____

Client Name: _____

Client Date of Birth: _____

Clinical Details: _____

Reason for Referral:

Ante-Natal Care

Post Natal Care

Other: please specify _____ (lactation support, Sleep & Settling)

Doctors Name: _____

Signature of Doctor: _____

Provider Number: _____

Preferred Contact Details: _____

Note to obstetricians and GP obstetricians:

Helen from Eastside Midwives provides midwifery care during pregnancy and throughout the post natal period. For families to be able to claim a Medicare rebate for these services please fill out this referral form and fax, post or give to the women to bring back to us. Thanks for your time.

Please return referral to:

Helen Barrington #4602231F

Postal: 17 Francis Cres. Ferntree Gully 3156

Mobile: 0425 770 316