



# 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, settling)

Doctors Name: \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Preferred Contact Details: \_\_\_\_\_

### Note to obstetricians and GP obstetricians:

Amy & Helen from Eastside Midwives provide 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:

Amy Gillies 4602501Y & Helen Barrington 4602231F – Eastside Midwives

Postal: Melbourne Eastern Healthcare – Level 1 / 157 Scoresby rd. Boronia

Fax: (03) 9839 3380

Email: [enquires@eastsidemidwives.com.au](mailto:enquires@eastsidemidwives.com.au)