



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 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
Email: enquiries@eastsidemidwives.com