

Kathryn Ward

Eligible Midwife

Provider No.4442051J

Referrals

Note to Obstetricians / GP Obstetricians and Paediatricians: My Community Midwife works alongside you to provide complementary care throughout pregnancy and the postnatal period. In order for your clients to receive Medicare rebates for my antenatal and postnatal care, please fill in the form below and email, post or return the form with the client to me. Thank you.

Please provide referral to :

My Community Midwife

PO Box 10178

Rasmussen

Qld 4815

Tel:0432266732

Email : Kathy@mycommunitymidwife.com.au

Client name………………………………………………………………Medicare No:………………………………………..

Address…………………………………………………………………………………………………………………………………...

Tel No……………………………………………………………………………………………………………………………………..

Clinical details………………………………………………………………………….................................................

Reason for referral:

🞏 Ante Natal care / education

🞏 Post Natal care (inc settling/ breastfeeding, up to end of 6th week post partum)

Please specify any concerns ………………………………………………………………………………………………….

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Doctor Name…………………………………………………………………………………………………………………………..

Provider No……………………………………………………………………………………………………………………………..

Signature of Doctor……………………………………………………………………………………Date…………………....

Preferred Contact Details………………………………………………………………………………………………………..

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