

## ENDORSED MIDWIFE CARE PROGRAM REFERRAL FORM

\*All referrals are to be emailed Attention: Endorsed Midwife Care to [info@gatewayhealth.org.au](mailto:info@gatewayhealth.org.au)

### Referral Details

Referral Date			
Name of Referrer			
Clinic Name		Contact No.	
Clinic Address		Has the client consented to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Client Information

Full Name		Date of Birth	
Preferred Name		Contact No.	
Address		Language Spoken	
		Interpreter Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usual Doctor <small>(inc. Address &amp; Contact)</small>			

### Reason for Referral

- |   |   |
|---|---|
| <input type="checkbox"/> Preconception health (Family Planning)                   | <input type="checkbox"/> Pregnancy care (Antenatal and Postnatal) |
| <input type="checkbox"/> Women's health care (Before, During and After Pregnancy) | <input type="checkbox"/> Other (Outline Below)                    |

Are there any Risk or Safety concerns for the Client? If yes, Detail Below (e.g. Family Violence, Mental Health)  Yes     No

### Does the Client meet any Priority Criteria?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aboriginal and/or Torres Strait Islander | <input type="checkbox"/> Recent Significant Event | <input type="checkbox"/> No other Supports available |
| <input type="checkbox"/> Disability                               | <input type="checkbox"/> Homelessness or Risk of  | <input type="checkbox"/> No other Services involved  |
| <input type="checkbox"/> Newly arrived Migrant or Refugee         | <input type="checkbox"/> Healthcare Card          | <input type="checkbox"/> Other (Outline Below)       |

#### Wangaratta

45-47 Mackay Street  
 Wangaratta 3677  
 E [info@gatewayhealth.org.au](mailto:info@gatewayhealth.org.au)  
 T (03) 5723 2000 F (03) 5722 2313  
 W [gatewayhealth.org.au](http://gatewayhealth.org.au)

#### Wodonga

155 High Street Wodonga 3690  
 E [info@gatewayhealth.org.au](mailto:info@gatewayhealth.org.au)  
 T (02) 6022 8888 Freecall: 1800 657 573  
 F (02) 6024 5792  
 W [gatewayhealth.org.au](http://gatewayhealth.org.au)



