



Adelaide
LACTATION
CONSULTANTS & MIDWIFERY
WITH MEGAN GOODEVE

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CLINICAL REFERRAL

This document needs to be completed by a GP or Obstetrician for Medicare rebates to apply. Can be emailed, faxed or presented in person.

Client Full Name:

Client DOB:

Client Medicare/Ref No/Expiry:

Client Home Address:

Client Phone No.:

Private Health Fund:

Clinical Details:

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Reason for Referral:

- ☐ Antenatal education/support
- ☐ Postnatal Midwifery support (up to 6 weeks post birth)
- ☐ Other support (baby cares, breastfeeding support, education)

If other, please document reason(s) in details:

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Referring Doctor:

Provider No.:

Doctor signature:

Date of Referral:

Contact/Practice details:

Would you like a summary of our consultation for your clinical notes? ☐ Yes ☐ No