



Adelaide
LACTATION
CONSULTANTS, MIDWIFERY
& HYPNOBIRTHING
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:

- | | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Antenatal education/support | <input type="checkbox"/> Hypnobirthing Classes |
| <input type="checkbox"/> Antenatal maternity care | <input type="checkbox"/> Lactation Consultation |
| <input type="checkbox"/> Postnatal Midwifery support (up to 6 weeks post birth) | <input type="checkbox"/> Other support (baby cares, infant feeding, education) |

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

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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