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CLINICAL REFERRAL

Kate Patchett - Endorsed Midwife

Antenatal - Homebirth - Postnatal - Lactation

Provider# 6095391A

This referral needs to be completed by a GP or Obstetrician for Medicare rebates to apply.
Can be emailed, electronically sent via HEALTHLINK, or presented in person.

Client Full Name:

Client DOB:

Client Medicare/Ref No/Expiry:

Client Home Address:

Client Phone No.:

Clinical Details:

REASON FOR REFERRAL

Antenatal Care/Education/Support Homebirth

Postnatal Care/Education/Support Lactation Care/Education/Support

Lamaze Childbirth Education Telehealth

Other: (Infant care, feeding, education) If other please provide details:

Referring Doctor: Provider #:

Signature: Date:

Practice Details:

Would you like a summary of our consultation for your clinical notes? YES NO