Midwifery Group Practice

## Application Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | Given name |  | Maiden name |  |
| Home address |  |
| Suburb |  | Postcode |  |
| Postal address |  |
| Mobile number |  | Email |  |
| Date of birth |  | Age |  |
| Pre-pregnancy weight |  | Height |  | BMI (office use only) |  |
| Country of birth |  | Aboriginal or Torres Strait Islander? |  |
| Do you have special needs? |  | If so, please give details:i.e. limited mobility, hearing deficit |  |
| Interpreter required? |  |  |
| Medicare number |  | Marital status |  |
| Do you have a Carer? |  | Name of Carer |  |
| Next of Kin |  | Contact number |  |

**YOUR DOCTOR (Please give FULL name and address)**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  | Phone |  |

**THIS PREGNANCY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expected date of birth |  | How many live babies have you birthed? |  | Previous MGP client?Request for midwife: | ⬜ **Yes** ⬜ **No** |
| Do you have any current illnesses or medical problems? (e.g. diabetes, blood pressure problems, asthma, heart problems, anxiety/depression etc?) Have you had any previous abdominal surgery? (e.g gastric sleeve) ⬜ **Yes** ⬜ **No** |
| If **Yes**, please give details: |
| Have you had any problems with previous pregnancies or births? (e.g. caesarean section, gestational diabetes, pre-eclampsia, heavy blood loss after birth, retained placenta, shoulder dystocia etc?) ⬜ **Yes** ⬜ **No** |
| If **Yes**, please give details: |
| Are you currently taking any medication? If **Yes**, please give details: ⬜ **Yes** ⬜ **No** |
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