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** | | | | | |
|  | | | | | |