

**KOORI
MATERNITY SERVICES (KMS)
REFERRAL OUTPATIENTS CLINIC**

UR NUMBER
SURNAME
GIVEN NAMES
DATE OF BIRTH
Please fill in if no Patient Label available App.7/3/2024 Print Code:18464



Referral to: KOORI MATERNITY SERVICES
Appointments arranged in line with needs and preferences of the individual.
e-referral preferred or Fax referral to 9125 9846

Clinic: Outpatient's Area 1, Frankston Hospital,
3199 PH: 9784 2600

Referring Clinicians information
Name:
Organization:
Contact details:
Address:
Phone:

Patient Name: Date of Birth:

Address: Post Code: Ph. Number:

Mother Indigenous status

- Aboriginal
- Torres Strait Island
- Aboriginal & Torres Strait Island
- Neither

Father Indigenous status

- Aboriginal
- Torres Strait Island
- Aboriginal & Torres Strait Island
- Neither

Pregnancy Care Preferences:

- GP Shared Care Caseload Midwifery Group Practice
- Midwifery Obstetrics

Patient Consented to KMS referral Gestation

Estimated Due Date/...../..... Gravida Para

Relevant Social, Medical & Obstetric history:

.....
Name Signature Date

OFFICE USE ONLY

Referral triaged First Appt booked Date Referred to Women's group

Social: DV/CP/MH D/U / SMK Daily amount

Cultural Support: Yes Declined Requesting Further info/Support

Referral to : S/W VACCA FPHW AHLO OTHER QUITLINE PNHM OTHER

A/N Visits OBS M/W MHC Visits Ward/ph contact Birth MW

P/N Data DOB W/T GEST..... Delivery Mode Dataset report sent

Frankston Hastings Rosebud