iNurture Midwifery

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# POSTPARTUM CARE INTAKE FORM

## Client Information

Full Name (as on Care Card):
Care Card Number / PHN:
Home Address:
Date of Birth:
Phone Number:
Email Address:

## Referrer Information

Date of Referral:
Referred BY:
Referral's MSP:

## Pregnancy & Delivery Details

Expected Due Date (DD/MM/YYYY):
Primary Care Provider:
Intended Place of Birth:
Expected Mode of Delivery (Vaginal / C-section / Unknown):
Known Medical Conditions:
Current Medications / Supplements:
Allergies:

## Postpartum Support Needs

**Please check all that apply & add any notes below:**

☐ Breastfeeding support ☐ Latch & positioning ☐ Pump use & maintenance
☐ Newborn care education ☐ Baby weight monitoring ☐ Emotional / baby-blues support
☐ Other (please specify):

## Emergency Contact

Name:
Relationship:
Phone Number:

## Comments / Special Requests:

Please text us as soon as you deliver so we can schedule your first home visit 3 days after discharge.