		ewborn Health Servic Memorial Hospital	e Med Red	c. No:			
	King Edward	i Memoriai i Iospitai	Surname	ə:			
	SOCIAL WORK OBSTETRIC		TRIC		M. Martiner Editoria Editoria		
	REF	REFERRAL		Gender: D.O.B.			
	T						
i	Date:			Clinic / Specialty:			
	G P	EDD:	Gestation	n / Day: I	EPDS:		
	□ Inpatient	Date of admis	ssion: Ex	Expected date of discharge:			
	□ Outpatient	Date of next a	intenatal appointment:	appointment:			
s	Referral to Senior Welfare Assistant for assistance – Page 2786  Accommodation Centrelink PATS – Outpatients only Financial issues Transport  Referral to Aboriginal Liaison Officer for indigenous / remote community patients – Page 3349 Accommodation Centrelink PATS Financial issues Transport						
0	Referral to Social Work: (Please tick all relevant reasons)  Under 18 years of age Multiple birth – triplets Currently incarcerated Concealed pregnancy Intention to relinquish baby Significant mental illness FDIU / stillbirth / neonatal death Ongoing or recent history of alcohol or drug use Family and Domestic Violence identified (current or recent past) Known history of involvement with CPFS* / Parenting problems / Child not in mother's care FGM Newly arrived or CALD and socially isolated and any of the above No antenatal care and has delivered and any of the above Multiple DNA in 3rd trimester and any of the above Indigenous and from remote community and any of the above Mental health issues and any of the above Extended inpatient stay >4 weeks Patient requested referral. Please indicate reason/s:						
В							
			Additional Information / Comments:				
	Additional Informa	tion / Comments:	:				
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	Additional Informa	tion / Comments					
Α			Designation:		Page / Phone:		
Α	Referrer's Name &		Designation:		Page / Phone:		
	Referrer's Name &	Signature:	Designation:	Location:			
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