HEALTHY MOTHERS, HEALTHY BABIES
CLIENT INTAKE

Client Information	
Family Name	
Given Name	
Date of Birth	
URN	

Client Information

Date of Referral		Is the potential client aware of this referral?	☐ Yes	☐ No

First Name		Last Name	
Date of Birth		Gender	
Address			
Home No.		Mobile No.	
Email Address			

Country of Birth			Language Spoken	
VISA				
Indigenous Status	☐	Aboriginal	Mob	
	☐	Torres Strait Islander		
	☐	Both		
Concession Card No.			Concession Type	
Medicare No.				

Emergency Contact

Full Name		Contact No.	
Relationship to Client			

Child/Children

First Name		Last Name	
Date of Birth		Gender	
First Name		Last Name	
Date of Birth		Gender	
First Name		Last Name	
Date of Birth		Gender	

Est. Due Date for Birth?	
Who else lives with you?	

gatewayhealth

HEALTHY MOTHERS, HEALTHY BABIES CLIENT INTAKE

Client Information	
Family Name	
Given Name	
Date of Birth	
URN	

What Other Services/People are Supporting you?	
☐ GP Only	
☐ Midwife	
☐ Midwife/GP Shared	
☐ Obstetric	
☐ Emergency Relief (Food)	
☐ Transport	
☐ Other Services/Support	

☐ Have you booked into Hospital?	
☐ Have you booked any Scans?	
☐ Have you booked in Immunisations?	

DHHS: Previous or Current	
Family Violence	
Court Orders	
Mental Health	
Problematic Substance Use	