



**Referral to Stephanie Rackemann Endorsed Midwife Provider No. 5498351W**

This form needs to be completed by a GP or Obstetrician for Medicare rebates to apply.

Client Name: \_\_\_\_\_

Clinical Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Referral:

- Antenatal care, education and support
- Postnatal support for up to 6 weeks post birth

Referring doctor: \_\_\_\_\_

Date of referral: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Preferred contact details: \_\_\_\_\_

**Stephanie Rackemann – Endorsed Midwife Provider No. 5498351W**

**M - 0413 265 470**

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