



Community Midwifery Program APPLICATION FORM

TOPAS		MBL		Email	
STORK		ABM		Parity	
EDB					

Received	Entered	Previous CMP	Allocated /Declined	Manager initials	Midwife	Midwife informed	UMRN	Client email

All information, including **the PATIENT REGISTRATION FORM** must be completed for your application to be assessed

CLIENT DETAILS

Given name/Surname						Maiden Name			
Father/partner's name									
Residential address									
Suburb						Postcode			
Phone	Mobile				Home				Work
Email									
Applicant's date of birth				Age			Medicare number		
Pre-pregnancy weight				Height			BMI (office use only)		
Do you require an interpreter?				If so, please give details (i.e. limited mobility, hearing deficit)					
Do you have special needs?									
Do you have a carer?				Name of carer					

YOUR DOCTOR (Please give FULL name and address)

Name			
Address			
Postcode		Phone	

THIS PREGNANCY

Preferred place of birth (please select ONE option only)

- Home
 Kalamunda
 Family Birth Centre
 KEMH
 Armadale
 Fiona Stanley
 Rockingham

Expected date of birth		How many babies have you birthed?		Previous CMP Client?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any current illnesses or medical problems OR have you had any problems with previous pregnancies or births? <i>i.e. heavy bleeding, caesarean, high blood pressure, diabetes</i>					
If yes, please give details or contact the Midwifery Manager at cmp.wchs@health.wa.gov.au					

"I confirm that I will comply with the CMP minimum standards of screening tests in pregnancy to include an ultrasound scan and a blood test to check my iron levels and blood group"	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In an emergency, would you accept a blood transfusion? "	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, give details:

Please fax, email or post your completed application form to CMP Administration:
Mail: Internal Box 86, Lakeside Shopping Centre, 420 Joondalup Drive, Joondalup WA 6027
Email: cmp.wchs@health.wa.gov.au
Fax: 9301 9218

