

Newborn Support Program Enrolment Form

HealthPartners

At Health Partners, we're all about supporting our members when they need it most.

That's why our Newborn Support Program provides expecting and new parents with ongoing support from the start of your pregnancy until well after your baby is born.

Use this form to enroll in our program or complete the form online by logging into our Members Online Portal. Please take your time in answering all the questions. Your responses will provide our midwives at Mother Nurture with important information relating to your health, pregnancy and plans for delivery.

Once completed, email your form to ask@healthpartners.com.au

Enrolling member details

Member number _____ Date of birth / / _____

Name (*first name*) _____ (*surname*) _____

Postal address _____ Postcode _____

Contact details

Email (*required*) _____

Mobile (*required*) _____ Home phone (*optional*) _____

Your current pregnancy details

What date is your baby due? / / (*as advised by your doctor*) _____

What hospital will you be delivering your baby at? _____

Obstetrician's name _____

GP's name and contact details _____

Are you having any problems with your pregnancy? Yes No

If yes, please provide details _____

Do you have any existing medical problems that may affect your health or pregnancy? Yes No

If yes, please provide details _____

If you have recently given birth, what was your delivery date? / / _____

How do you plan to feed/*(already feeding)* your baby? Breast Bottle Both _____

Declaration and consent to participate

- I declare the statements in this form to be true and complete, I declare that I am the policyholder or authorised to sign this application as a holder of a Delegation of Authority on the policy.
- I understand the information contained on this form will only be available to the Newborn Support Program staff, and the midwives at Mother Nurture, and acknowledge that program information and links may be sent to me via email.

Signature _____ Date / / _____

Name (*if differs from Enrolling Member above*) _____

This program is not intended to replace the clinical advice of your doctor or health care provider. You should consult your doctor for specialist medical advice if you have any concerns about your pregnancy or children. Your privacy: All personal information will be handled in accordance with our privacy policy. This ensures that the participants personal information is kept confidential. If you do not provide the information requested we cannot provide these services to you. For a full copy of our privacy policy, please visit healthpartners.com.au or phone 1300 113 113.