

# REFERRAL FORM

## Online Antenatal Education and Birthing Classes

Please return completed forms to Central Queensland Rural Health via fax (07) 4992 1636 or email: [admin@cqrdgp.com.au](mailto:admin@cqrdgp.com.au).

**Patient must reside in the Isaac or Sarina region**

Patient Personal Details			
Full Name:			
Address:			
Phone:		DOB:	
Email:		Medicare No:	

Referring Clinicians Details	
Name:	
Phone:	
Provider No:	
Organisation Details:	

Patient payment qualification (GP to complete)	
<b>Household Income:</b>	
Less than \$60,000 per year? <i>(Patient entitled to fully subsidised licence)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
More than \$60,000 but less than \$100,000? <i>(Patient entitled to 50% subsidised licence – Patient payment contribution required)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
More than \$100,000 per year? <i>(Patient not eligible for subsidised licence, full payment required)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinician Signature:	Date: