

Parenting Education Service



FILE NUMBER <i>(office use only)</i>		MRN	
SURNAME			
FIRST NAME			
ADDRESS			
SUBURB		POSTCODE	
CONTACT NUMBER		AGE	
EMAIL			
SUPPORT PERSON NAME			
SUPPORT PHONE NUMBER		FILE NUMBER <i>(office use only)</i>	
SUPPORT EMAIL ADDRESS		AGE	
RELATIONSHIP	<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		
DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER			<input type="checkbox"/> Yes <input type="checkbox"/> No
PLANNED PLACE OF BIRTH	<input type="checkbox"/> JOHN HUNTER <input type="checkbox"/> BELMONT <input type="checkbox"/> HOME <input type="checkbox"/> MAITLAND <input type="checkbox"/> NEWCASTLE PRIVATE <input type="checkbox"/> OTHER - Please advise _____		
ANTENATAL CARE BY	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OBSTETRICIAN <u>Antenatal Clinic</u> <input type="checkbox"/> Newcastle (Hunter Street) <input type="checkbox"/> John Hunter Hospital <input type="checkbox"/> Nelson Bay <input type="checkbox"/> Belmont <input type="checkbox"/> Belmont Midwifery Group Practice <input type="checkbox"/> Hunter Midwifery Group </div> <div> <input type="checkbox"/> SHARED CARE WITH GP <input type="checkbox"/> Wallsend <input type="checkbox"/> Raymond Terrace <input type="checkbox"/> Birth Centre Team <input type="checkbox"/> Toronto <input type="checkbox"/> M3 Team <input type="checkbox"/> Birra-Li </div> </div>		
REFERRED FROM	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Maternity Services Book <input type="checkbox"/> Midwife <input type="checkbox"/> GP/ Obstetrician </div> <div> <input type="checkbox"/> Friend/ Relative <input type="checkbox"/> Website/ Facebook <input type="checkbox"/> Other </div> </div>		
BABY'S DUE DATE		BABY NUMBER	
		MULTIPLE BIRTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you require wheelchair access, or any other types of support from us to enable you attend your course?			<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU HAVE HEALTH INSURANCE?			<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU HOLD A CENTRELINK CONCESSION/ HEALTH CARE CARD?			<input type="checkbox"/> Yes <input type="checkbox"/> No

All Sessions are held at Newcastle Community Health Centre unless stated otherwise

PREGNANCY WISE		DATE OF CLASS
10.00am – 12.00pm	SATURDAY	
6.30pm – 8.30pm	MONDAY	
BIRTH & PARENTING		DATE OF CLASS
6.30pm – 8.30pm	MONDAY	
6.30pm – 8.30pm	TUESDAY	
6.30pm – 8.30pm	TUESDAY - Online	
6.30pm – 8.30pm	WEDNESDAY – Belmont Hospital	
6.30pm – 8.30pm	THURSDAY	
9.30am – 3.30pm	SATURDAY	
9.30am – 1.30pm	SATURDAY – Online	
9.30am – 3.30pm	SATURDAY & SUNDAY – Full weekend at JHH	
9.30am – 3.30pm	SATURDAY & SUNDAY – Full weekend at Belmont Hospital	
CALMBIRTH		DATE OF CLASS
5.30pm – 8.30pm	TUESDAY	
9.30am – 3.30pm	SATURDAY & SUNDAY - Full weekend at JHH	
BREASTFEEDING		DATE OF CLASS
6.00pm – 8.30pm	THURSDAY	
6.00pm – 8.30pm	THURSDAY - Online, also includes diabetic breastfeeding	
10.00am – 12.30pm	FRIDAY	
12.30pm – 1.00pm	FRIDAY – Diabetic Session	
IS YOUR SUPPORT PERSON ATTENDING THE BREASTFEEDING CLASS		<input type="checkbox"/> Yes <input type="checkbox"/> No
MULTIPLE MIRACLES		DATE OF CLASS
6.30pm – 8.30pm	THURSDAY	
NEXT BIRTH AFTER CAESAREAN		DATE OF CLASS
6.30pm – 8.00pm	MONDAY - Online	
10.00am – 11.30am	THURSDAY - Online	
NUTS & BOLTS OF FATHERHOOD		DATE OF CLASS
6.00pm - 8.30pm	THURSDAY	
6.00pm - 8.30pm	THURSDAY – Online	

Please note: - Your booking is not confirmed until you receive our booking confirmation email. We also request that payment be made prior to the commencement of the program.

OFFICE USE ONLY					
FIRST CONTACT DATE		BOOKINGS ENTERED IN DATABASE	<input type="checkbox"/> Yes <input type="checkbox"/> No	CONFIRMATION EMAIL SENT	<input type="checkbox"/> Yes <input type="checkbox"/> No