

# Hatchling Support Program

## ENROLMENT FORM



**At Phoenix Health we pride ourselves on supporting our members when they need it most.**

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

Help us to help you by answering all the questions below. Your responses will provide our midwives at Mother Nurture with important information relating to your health, pregnancy and plans for delivery.

Once completed, send your form to **PO Box 156, Newcastle NSW 2300**  
or email to **enquiries@phoenixhealthfund.com.au**.

### Enrolling Member Details

Member number: \_\_\_\_\_ Date of birth:   /   /

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Contact Details

Email (required): \_\_\_\_\_

Mobile (required): \_\_\_\_\_ Home phone (optional): \_\_\_\_\_

### Your Current Pregnancy Details

What is your baby's due date? (Or delivery date if you have already given birth):   /   /

Delivery Hospital: \_\_\_\_\_

Obstetrician's name: \_\_\_\_\_

GP's name and contact details: \_\_\_\_\_

GP's name and contact details: \_\_\_\_\_

Are you having any problems with your pregnancy?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

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

Which would you rather receive?  Breastfeeding starter pack  Baby starter pack

## 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 Hatchling Support Program staff, and the midwives at Mother Nurture, and acknowledge that program information and links may be sent to me via email.

Signature of member:

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 our Privacy Policy please visit phoenixhealthfund.com.au.

### Phoenix Health Fund Ltd

PO Box 156 Newcastle NSW 2300 | ABN 93 000 124 863

Monday – Friday: 8:00am – 5:00pm (AEST)

 1800 028 817, (02) 4935 5741, (02) 4935 5738

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