

Lake Superior Midwifery
Katie Sandell, CNM, APRN
Rachel Voigt, CPM

Medical Consultation Plan

Client Name: _____ Age: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve Phone: _____ LMP: _____ EDD: _____

Insurance Plan: _____ SS or ID#: _____

Primary Provider: _____ Office Phone: _____

Baby's Medical Provider: _____ Office Phone: _____

Closest Hospital: _____

Preferred Hospital: _____

This plan has been approved by (midwife): _____

Date & Sign: _____

This plan has not been approved by (midwife): _____

Date & Sign: _____

Explanation: _____

End of Document.