

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: \_\_\_\_\_

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This plan has been approved by (midwife): \_\_\_\_\_

Date & Sign: \_\_\_\_\_

This plan has not been approved by (midwife): \_\_\_\_\_

Date & Sign: \_\_\_\_\_

Explanation: \_\_\_\_\_

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