

St Vincent's Private Hospital Neonatal Paediatric Care

Dr Rachel Madhwan
melbournepaeds.com.au

If your baby was initially cared for at St Vincent's Private Hospital in **Fitzroy** you will have ongoing neonatal care until your baby is ready for discharge home either by myself or by one of the Neonatal Paediatrician's from the Melbourne Neonatal Network (melbourneneonatalnetwork.com.au)

FOLLOW-UP

When you and your baby are discharged from hospital you will be followed up by your local Maternal and Child health nurse and you also have the option to arrange a 6-week paediatric follow-up appointment for your baby. In most cases however this check can be performed by your local general practitioner.

TELEHEALTH

Related to COVID-19 restrictions, telehealth appointments are available both at WyndhamKids and WilliamstownKids clinics. The majority of appointments are transitioning back to being face to face.

FEES

As a courtesy, please note that if your baby was admitted to the Special Care Nursery any Paediatrician fees incurred can be covered by your private health insurance provided you have appropriate cover for your baby.

Outside of this all other Paediatrician fees will be sent to you via invoice. A medicare rebate is available in most instances. (For Fitzroy patients please also refer to the Melbourne Neonatal Network Parent information sheet)

Dr Rachel Madhwan

Consultant Paediatrician (MBBS, BMedsci, DCH, FRACP)

WyndhamKIDS Paediatric Clinic

P: [03 99082998](tel:0399082998) | F: [03 87421235](tel:0387421235) | reception@wyndhamprivate.com.au

Wyndham Private Specialist Consulting suites
Level 1, 242 Hoppers Lane, Werribee 3030

WilliamstownKIDS Paediatric Clinic:

P: [0473755484](tel:0473755484) | admin@williamstownkids.com.au

Treehaus | 2 Cox's Garden, Williamstown, 3016

Consultant Paediatrician

Werribee Mercy Hospital | St Vincent's Private Hospital

Epworth Freemason | Frances Perry House

Melbourne Autism Assessment Clinic (MAAC)

REGISTRATION FORM



Baby's name: _____

Mum's name: _____

Mum's mobile: _____

Partner's name: _____

Is there a family history of any childhood problems?

Hip dysplasia Heart issues

Other:

Were there any issues in pregnancy or was any medication required?

Thyroid Disease Vitamin D supplements

Breech Positioning

Other:

Were there any abnormalities on your ultrasound scans?

By signing this document, I understand and consent to:

- the care provided to my baby by the paediatrician at the request of my obstetrician
- the collection and storage of personal medical information and the distribution of this information where needed
- electronic communication using my email address
- the fee for this service, and any out of costs associated with it.
- billing of private health insurance where applicable

Signature

Print Name

Date

Please complete this form as early as possible, take a picture with your phone and email to:

admin@williamstownkids.com.au

Melbournepaeds.com.au