

Form No. 3.] [Reg. 13 (5).

*The Nurses and Midwives Registration Act, 1925.*

PARTICULARS OF REGISTRATION TO BE PUBLISHED IN THE GAZETTE.

Registered number :                      Qualifications :  
 Name :                                      Hospital at which trained :  
 Date of registration :                      Residence :

Form No. 4.] [Reg. 16 (3).

*The Nurses and Midwives Registration Act, 1925.*

NOTICE OF APPEAL.

To the Registrar of Nurses and Midwives,  
 Health Department, Wellington.

TAKE notice that I, \_\_\_\_\_, of \_\_\_\_\_, do hereby appeal, under section 22 of the Nurses and Midwives Registration Act, 1925, against the decision of the Registration Board, conveyed to me by letter dated the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

The following are the grounds upon which I make my appeal :

And I do hereby appoint \_\_\_\_\_, of \_\_\_\_\_, as one of the assessors for the purposes of this appeal.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

*Signature of appellant :.....*

I hereby consent to act as an assessor for the purposes of this appeal.

*Signature of assessor of appellant :.....*

Form No. 5.] [Reg. 21 (2).

*The Nurses and Midwives Registration Act, 1925.*

NOTICE TO BE SENT BY MIDWIFE REQUIRING ASSISTANCE OF REGISTERED MEDICAL PRACTITIONER.

To Dr. \_\_\_\_\_, 19 \_\_\_\_\_.

YOUR help is immediately required at \_\_\_\_\_, owing to \_\_\_\_\_.  
 The patient's condition is \_\_\_\_\_.

[Signed] M.,  
 Registered Midwife.

Time : \_\_\_\_\_

Form No. 6.] [Reg. 22 (1).

*The Nurses and Midwives Registration Act, 1925.*

RECORD TO BE KEPT BY EVERY MIDWIFE OR MATERNITY NURSE OF EACH PATIENT SHE HAS ATTENDED IN PRIVATE PRACTICE.

No. \_\_\_\_\_

Date and hour of (1) First attendance : \_\_\_\_\_ . (2) Confinement : \_\_\_\_\_  
 (3) Last attendance : \_\_\_\_\_ .

Name (in full) : \_\_\_\_\_ . Age : \_\_\_\_\_ .

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

Pregnancies (number of previous) : \_\_\_\_\_ . Children (number born alive) : \_\_\_\_\_ . Miscarriages : \_\_\_\_\_ . Stillborns : \_\_\_\_\_ .

Doctor called and attending (if any) : \_\_\_\_\_ . Time of visit : \_\_\_\_\_ .

Number of vaginal examinations (if any) by midwife : \_\_\_\_\_ .

Presentation : \_\_\_\_\_

Duration of : First stage, \_\_\_\_\_ ; second stage, \_\_\_\_\_ ; third stage, \_\_\_\_\_

Complications (if any) during or after labour : \_\_\_\_\_

Special treatment (Nature of any operations, &c., during or after labour) : \_\_\_\_\_

Condition of mother at last attendance : \_\_\_\_\_

Infant—

Male. Born { alive. { Full term.  
 Female. { dead. { Premature [Number of months].

Weight { at birth.

Condition { at last attendance.

Eyes (precautions, taken for, at birth) : \_\_\_\_\_

Feeding (breast), (breast and artificial), (artificial).

Death : In case of death of mother or infant, give—

(Mother) { Date : \_\_\_\_\_

(Infant) { Certified cause : \_\_\_\_\_

*Signature of Midwife or Nurse :.....*