

# Obstetrical Pre-Registration Form



Last Name		First Name		Middle Name		Prior Surname(s)/Maiden Name						
Home Address			Apt. #	City, Town, Village			Prov	Postal Code	Religion			
Home Phone #		Alternate Phone #		Date of Birth (Y/M/D)		Mothers First Name			Marital Status			
E-mail Address												
Emergency Contact/Next of Kin Name				Relationship to Patient			Contact Phone #		Alternate Phone #			
Next of Kin's Address												
Emergency Contact/Person to Notify Name				Relationship to Patient			Contact Phone #		Alternate Phone #			
Person to Notify Address												
Family Physician (Last, First)					Family Physician Address							
Medical Allerts/Allergies/Food Allergies												

Pregnancy: Doctor/Midwife Name:			Expected Date of Birth (D/M/Y)				Age
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CMH would like to get an accurate list of medications for your hospital stay. Can a CMH Pharmacy team member contact you and your Community pharmacist to obtain this?  Yes  No      Contact Phone #:

Name of Pharmacy:						Pharmacy Phone #
Address of Pharmacy:						

**Health Insurance Information** Is this patient covered under Ontario Health Insurance Plan?  Yes  No

Last Name on Health Card		Health Insurance Number	Version Code
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Do you have additional Insurance for semi or private coverage?  Semi  Private  Not Applicable      Insurance Coverage provided by employer?  Yes  No

If yes, name of Insurance Company		Employer's Name
Certificate in Name of:		Employer's Address
Relationship to Patient		Employer's Phone #:
Policy, Group or Contract #		Certificate or ID #:

**\*\*\*Please note: It is patient's responsibility to verify all additional insurance coverage with Insurance Company and/or Employer prior to admission.**

Should you have any further questions regarding insurance, please contact the Finance Office  
Monday to Friday from 8:30am to 4:30pm at extension 2278.

06:30 am to 23:00 - Please go directly to Birthing

23:00pm to 06:30am - Please register at Emergency Triage

**NOTE: It is important that all above information is complete in its entirety prior to coming to Cambridge Memorial Hospital.**

Please fax the form from your Doctor's Office or Midwife's Office to 519-740-4944.

Do not bring any valuables. The hospital assumes NO responsibility for lost or stolen items.