

Preregistration Information

Welcome to the Family Birthing Center at St. Luke's Hospital

Thank you for choosing the Family Birthing Center at St. Luke's Hospital. We look forward to caring for you and your baby. Please know: we want your stay with us to be as comfortable and convenient as possible.

To simplify your admission, please fill out the attached form and mail it or fax it to St. Luke's Hospital. We need this information before you come to the hospital to have your baby.

When you go into labor:

- Bring your health insurance cards and a photo ID to the hospital. We'll verify your insurance benefits and process insurance claims for you. Please carefully review your insurance plan to understand what will be covered.
- Bring a complete list of the prescription and over-the-counter medicines you take. Don't forget to add your prenatal vitamins. Include the doses and how often you take them. Don't bring the medicines with you, unless your doctor tells you to. The nurses will bring you the medicines you need while you are in the hospital.
- Pack a robe, slippers, and pajamas or nightgowns. You'll wear a hospital gown during labor and delivery. But, you may feel more comfortable in your own clothing while you recover. If you plan to nurse, don't forget a nursing bra and nursing pads.
- Bring toiletries like your toothbrush, toothpaste and shampoo. Also, you may bring things like a hair dryer, curling iron and small radio.
- Leave all jewelry, large sums of money and other valuables at home. This includes your wedding bands. Or, send them home with a loved one.
- When you come to St. Luke's to have your baby, use Driveway 1 or 4. Follow the red Emergency signs. Park in the Emergency Services lot. Use the Emergency entrance.

As your due date approaches, please don't hesitate to call 419.897.8453 if you have questions. Again, we look forward to meeting you and your baby!

Please print information and mail. Or, fax to 419.891.8037.

Expected delivery date _____ Obstetrician _____

Patient's primary care physician _____



Patient Information

Patient name _____

Address _____ City/State/Zip _____

Phone _____ County _____ Birth date _____ SSN _____

Marital status _____ Race _____ Religion _____ Church _____

Do you have a Living Will or Durable Power of Attorney for Health Care? Yes No (If yes, please bring copies of the forms with you to the hospital.)

Emergency Contacts

Closest relative _____ Relationship _____ Home phone _____

Address _____ City/State/Zip _____ Work phone _____

Second contact _____ Relationship _____ Home phone _____

Address _____ City/State/Zip _____ Work phone _____

Employment Information

Patient's employer _____ Occupation _____ Full time Part time

Employer's Address _____ City/State/Zip _____ Phone _____

If the patient is not the person carrying the insurance, complete the following:

Name of cardholder _____ SSN _____ Relationship _____

Address (if different) _____ City/State/Zip _____ Phone _____

Cardholder's employer _____ Occupation _____ Full time Part time

Employer's address _____ City/State/Zip _____ Phone _____

Insurance

Name of primary insurance _____

Cardholder _____ Birth date _____ Employer/Group name _____

Policy/Certification/ID number _____ Group/Plan/Control number _____

Mailing address for insurance _____

Name of secondary insurance _____

Cardholder _____ Birth date _____ Employer/Group name _____

Policy/Certification/ID number _____ Group/Plan/Control number _____

Mailing address for insurance _____

For insurance purposes, please list date of last menstrual period: _____

Newborn insurance information

If the newborn will be covered under a different insurance policy than the mother, please provide this information: _____

DETACH HERE. PEEL, SEAL AND MAIL.