Obstetrical Pre-Registration Form

CAMBRIDGE MEMORIAL HOSPITAL

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

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

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.