

Return to: Bed Planning Unit, ML 1105
 7700 University Dr., West Chester, OH 45069
 Email: WCH-Bed-Planning@UCHealth.com
 Fax: (513) 298-7662 | Phone: (513) 298-3151
 Please include a copy of your Photo ID and Insurance Card - Front and Back

LABOR AND DELIVERY PRE-REGISTRATION QUESTIONNAIRE

Patient's Last Name: _____ First: _____ Middle Initial: _____

Social Security Number: _____ Maiden Name/Other Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status: Married Legally Separated Single Divorced Widowed

Race: White/Caucasion Black/African American Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native Asian Multiracial Unknown Prefer Not to Answer

Ethnicity: Hispanic / Latino: Yes No

Religious Preference: _____ Affiliation/Place of Worship: _____

May We Contact? Yes No

Do you have: Healthcare Power of Attorney Living Will

If not, would you like more information? Yes No

Employer: _____ Occupation _____

Employer Phone: _____

Employer

Address: _____ City: _____ State: _____ Zip: _____

Employment Status: Full Time Part Time Student Active Military Self-employed Unemployed Disabled

Primary Care Physician: _____ OB Physician: _____

Expected Due Date: _____ Expected Type of Delivery: Vaginal Birth Cesarean Section

1st Emergency Contact

Name: _____

Relationship: _____ HomePhone: _____

Work: _____ Cell: _____

Address: _____

2nd Emergency Contact

Name: _____

Relationship: _____ HomePhone: _____

Work: _____ Cell: _____

Address: _____

Primary Insurance: _____
 Subscriber (if not patient): _____
 DOB: _____ Relationship to Patient: _____
 Address: _____
 Phone: _____ Employer: _____
 Employer Address: _____
 Member ID: _____
 Group Number: _____

Secondary Insurance: _____
 Subscriber (if not patient): _____
 DOB: _____ Relationship to Patient: _____
 Address: _____
 Phone: _____ Employer: _____
 Employer Address: _____
 Member ID: _____
 Group Number: _____

Patient Signature: _____ **Date:** _____

Thank you for taking the time to pre-register for the birth of your new baby. This will make the admission process quick and easy for you when you come to West Chester Hospital to deliver.

Upon arriving at the hospital, please let the admitting/registration staff know that you have already pre-registered. The only thing we should need from you at that time will be your signature.

When we receive your pre-registration questionnaire, we will mail you a birth certificate packet. Please give the packet to the admitting/registration staff when you arrive at the hospital if you have it completed.

If arriving between the hours of 5 a.m. – 10 p.m. you may enter through the West Chester Hospital main lobby.

If arriving between the hours of 10 p.m. – 5 a.m. please enter through the Emergency entrance.

baby
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