



**National Maternity Hospital, Holles St.
Patient Registration Form**

Office Use Only

Hospital #: H _____

1st Visit Appt: _____

Clinic: _____

BRN: _____

LMP: _____

This form must be brought with you when you attend your first appointment.

<p>1. What is your full name? Surname: _____ Forename: _____</p>	<p>16. What patient category are you availing of? (see definitions at end)</p> <p>Public <input type="checkbox"/> Semi-private <input type="checkbox"/> Private <input type="checkbox"/></p>																				
<p>2. Have you ever been a patient at this Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>a) What health scheme do you have? (if any)</p>																				
<p>3. What is your current address?</p>	<p>b) Record number (if Medical Card holder please confirm number also)</p>																				
<p>4. What is your occupation?</p>	<p>c) Record subscribers name:</p>																				
<p>6. What is your date of birth? (Date/Month/Year)</p>	<p>17. What is your marital status?</p>																				
<p>7. What is your home phone number?</p>	<p>a) When did you get married? (Date/Month/Year)</p>																				
<p>8. What is your work phone number?</p>	<p>18. What is your Maiden name/other name?</p>																				
<p>9. What is your mobile phone number?</p>	<p>19. In the case of an emergency, who is your next of kin?</p>																				
<p>10. What is your General Practitioner's (GP) name?</p>	<p>a) Surname:</p>																				
<p>11. What is your GP's address?</p>	<p>b) Forename:</p>																				
<p>11a. What is your GP's phone number?</p>	<p>c) Next of kin home phone number:</p>																				
<p>12. What is your nationality?</p>	<p>d) Next of kin work phone number:</p>																				
<p>(New Civil Registration Act Requirements) 13 a. What is your Baby's Fathers Name?</p>	<p>e) Next of kin mobile number:</p>																				
<p>b. What is the Nationality of the Baby's Father?</p>	<p>g) Next of kin occupation:</p>																				
<p>c. What is the Baby's Father's Ethnic Group?</p>	<p>h) Next of kin address:</p>																				
<p>d. What is his PPS Number?</p>	<p>Questions 20 and 21 is information required by the Central Statistics Office.</p>																				
<p>e. What is the Birth Surname of the Father's Mother?</p>	<p>20. What is your religion? (Please tick the relevant box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Atheist <input type="checkbox"/></td> <td style="width:25%;">Buddhist <input type="checkbox"/></td> <td style="width:25%;">Christian <input type="checkbox"/></td> <td style="width:25%;">Church of Ireland <input type="checkbox"/></td> </tr> <tr> <td>Evangelist <input type="checkbox"/></td> <td>Hindu <input type="checkbox"/></td> <td>Islam <input type="checkbox"/></td> <td>Jehovah Witness <input type="checkbox"/></td> </tr> <tr> <td>Jewish <input type="checkbox"/></td> <td>Lutheran <input type="checkbox"/></td> <td>Methodist <input type="checkbox"/></td> <td>Mormon <input type="checkbox"/></td> </tr> <tr> <td>Orthodox <input type="checkbox"/></td> <td>Palmarian <input type="checkbox"/></td> <td>Presbyterian <input type="checkbox"/></td> <td>Protestant <input type="checkbox"/></td> </tr> <tr> <td>Roman Catholic <input type="checkbox"/></td> <td>None <input type="checkbox"/></td> <td colspan="2">Other: (please state)</td> </tr> </table>	Atheist <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Church of Ireland <input type="checkbox"/>	Evangelist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Islam <input type="checkbox"/>	Jehovah Witness <input type="checkbox"/>	Jewish <input type="checkbox"/>	Lutheran <input type="checkbox"/>	Methodist <input type="checkbox"/>	Mormon <input type="checkbox"/>	Orthodox <input type="checkbox"/>	Palmarian <input type="checkbox"/>	Presbyterian <input type="checkbox"/>	Protestant <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>	None <input type="checkbox"/>	Other: (please state)	
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<p>f. What is the Father's occupation?</p>	<p>21. What is your ethnicity? (Please tick the relevant box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">A. White:</td> <td style="width:25%;">Irish <input type="checkbox"/></td> <td style="width:25%;">Irish Traveller <input type="checkbox"/></td> <td style="width:25%;">Any other White background <input type="checkbox"/></td> </tr> <tr> <td>B. Black or Black Irish:</td> <td>African <input type="checkbox"/></td> <td colspan="2">Any other Black background <input type="checkbox"/></td> </tr> <tr> <td>C. Asian or Asian Irish</td> <td>Chinese <input type="checkbox"/></td> <td colspan="2">Any other Asian background <input type="checkbox"/></td> </tr> <tr> <td>D. Other including mixed background:</td> <td colspan="3">Other (please write in description):</td> </tr> </table>	A. White:	Irish <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	Any other White background <input type="checkbox"/>	B. Black or Black Irish:	African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>		C. Asian or Asian Irish	Chinese <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>		D. Other including mixed background:	Other (please write in description):						
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<p>14. What is your Personal Public Service (PPS) Number?</p>																					
<p>15. What is your Mother's Birth Surname?</p>																					

PLEASE ENSURE ALL QUESTIONS ARE ANSWERED IN FULL

Please turn over...

Patient Category Definitions

Public: Patients who opt to avail of public consultant services under the Health Act are deemed to be public patients and will only be accommodated in public beds and [*will attend*] public outpatient clinics.

Semi-private: Patients who opt to avail of semi-private consultant services will be deemed to be semi-private patients, will be accommodated in semi-private beds (where available) and will generally attend semi-private clinics.

Semi-private patients are liable for fees of all the consultants providing medical services during their care, including all diagnostic services, and are also liable for hospital accommodation charges.

Private:

Patients who opt to avail of private consultant services will be deemed to be private patients and will be accommodated in private accommodation (where available) and will generally attend outpatient appointments in private consultant rooms.

Private patients are liable for fees of all the consultants providing medical services during their care, including all diagnostic services, and are also liable for hospital accommodation charges.

NOTE: When you choose your category of care this category applies for the entire episode of care i.e. for the entire pregnancy.

Have you booked this pregnancy with another hospital? Yes No

Please inform the hospital if you transfer care to another hospital / country or for any other reason that you will not continue to attend.

If you cannot make your appointment, please let your clinic know so your appointment can be offered to someone else.

Name (Block Caps) _____

Signature _____

Date: _____