

**Please complete this form and bring it with you when you attend your first appointment.**



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

**Office Use Only**

**Hospital #: H** \_\_\_\_\_

**1<sup>st</sup> Visit Appt Date:** \_\_\_\_\_

**Clinic code:** \_\_\_\_\_

**BRN:** \_\_\_\_\_

**Please use BLOCK LETTERS to complete this form.**

*All information requested is voluntary*

**Category:** \_\_\_\_\_

<p>1. What is the date of the first day of your last menstrual period?</p> <p>2. Have you ever been a patient at this hospital? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. What is your Personal Public Service (PPS) Number?</p> <p>4. Forename: _____ Surname: _____  <i>Title: Dr/ Master/ Miss/ Ms/ Mrs/ Mr/ Not Specified/ Prof.</i></p> <p>5. What is your date of birth? (DD/MM/YY)</p> <p>6. What is your Country of birth?</p> <p>7. What is your place of birth?</p> <p>8. What is your overseas status? (please circle)  EU/Garda Immigration Bureau/ Non EU / Not Specified  Garda National Immigration Bureau Card number _____</p> <p>9. What is your current home address? (for correspondence)</p> <p>10. What is your home phone number?</p> <p>11. What is your mobile phone number?</p> <p>12. What is your email address?</p> <p>13. What is your marital status?  Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/></p> <p>14. What is your spoken language?</p> <p>15. What is your ethnicity? (<i>These are Census classifications</i>)  A. White Irish <input type="checkbox"/> B. Black Irish <input type="checkbox"/>  White Irish Traveller <input type="checkbox"/> Black African <input type="checkbox"/>  Other White background <input type="checkbox"/> Other Black background <input type="checkbox"/>  C. Asian Irish <input type="checkbox"/> D. Other including mixed background <input type="checkbox"/>  Asian Chinese <input type="checkbox"/> (<i>please state</i>)  Other Asian background <input type="checkbox"/></p> <p>16. What is your religion?</p> <p>17. What is your occupation?</p> <p>18. What is your maiden name?</p>	<p>19. In the case of an emergency, who is your <b>Next of Kin (NOK)</b>?</p> <p>NOK Surname: _____ NOK Forename: _____</p> <p>Relationship: _____  What is your next of kin's home address?</p> <p>NOK home phone number: _____</p> <p>NOK mobile number: _____</p> <p><b>Medical Health Insurance/Free Entitlement Details</b></p> <p>20. What patient category are you availing of?  <i>(see definitions at end)</i>  Public <input type="checkbox"/> Semi-private <input type="checkbox"/> Private <input type="checkbox"/></p> <p>21. Do you have private health insurance (e.g. VHI/Aviva)? _____</p> <p>a) Company: _____ Policy Number: _____</p> <p>b) Plan Type: _____ Valid to: (date) _____</p> <p>c) Subscribers Name: _____</p> <p>If you do not have any kind of health insurance, please tick: <input type="checkbox"/></p> <p>22. What is your Medical Card Number? _____</p> <p>23. Valid to: (date) _____</p> <p><b>24. Questions relating to the Father of the baby Birth Registration Requirements (Civil Registration Act)</b></p> <p>a) What is his occupation? _____</p> <p>b) What is the birth surname of his mother? _____</p> <p>c) What is your Mother's birth surname? _____</p> <p>d) What is his full name? _____</p> <p>e) What is his nationality? _____</p> <p>f) What is his ethnic group? _____</p> <p>g) What is his PPS number? _____</p> <p>h) What is his date of birth? _____</p> <p>i) What is his phone number? _____</p> <p><b>(Please turn over)</b></p>
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26. What is your General Practitioner's (GP) name?

a) What is your GP's address?

b) What is your GP's phone number? \_\_\_\_\_

27. Do you consent to text messaging reminders of your appointments? Yes ☐ No ☐

28. When did you get married? (DD/MM/YY) \_\_\_\_\_

Have you booked this pregnancy with another maternity 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.**

#### **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 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. Please check with your current health provider to ensure you are covered appropriately.

*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. Please check with your current health provider to ensure you are covered appropriately.

**NOTE:** When you choose your category of care this category applies for your entire pregnancy.

**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 (CAPS): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please see our Data Protection / Information Practices Notice in your booking pack to see how we use your personal information.*