Warkworth Birthing Centre

BOOKING FORM

Please complete both sides of this form

						NHI:							
* ۲۹۶ Full Name: Mi	rs/Miss/	Ms											
Preferred Nan													
Address:									Pos	tcode:			
Postal Addres	s (if diffe	rent fror	n above):										
Phone Home: Work:													
D.O.B Age: Occupati													
Medical Centr													
LMC & Postnatal Midwife:						Residency Status.							
Next of Kin:			Partner or Support Person:			Please include a copy of relevant passport page showing residency status if not born in New Zealand.							
Name:						NZ Citizen Work Permit							
							NZ Permane	ent R	eside	ent 🗌			
Relationship:			Relationship:				ital charges may (1		
						First	language _						
Phone:			Phone:			Interpreter needed Yes No							
L.M.P. /	/	certai	n 🗌 uncerta	in	Blo	od Gro	oup:				G	ravida	
Menstrual Cyc	cle	regula	ar 📄 irregula	r	Ant Hep		s positi			gative	(
E.D.D. /	/	Scan E.I	D.D. Date /	/	· · ·	D				gative gative	F	Parity	
Height: Weight: Pre/Early Pregnancy BMI:						ubella immune not immune							
Medical and Su	- /						blood transfu	usion	S	yes	no		
No History						r ent IV Folic A	ledications	ine					
						Iron		inc.					
Family History					Alle	rgies							
No History						Nil							
									Me	edic Al	ert 🗌 y	es no	
Gynae & Obstetric History			Pregnancy		Labou	ır or miscarriage			A 15	Infanț			
Place of delivery	Date	Duration in weeks	Complications	Duration	Birth Ou	utcome	Postpartum	Sex	Alive NND SB	Birth Weight	Feeding Method	Length of feeding	
								-					



Planned place of birth (please tick one)

- Warkworth Birth Centre
- North Shore Hospital
- National Women's/Auckland City Hospital
- Waitakere Hospital
- 🗌 Whangarei Hospital
- Home

Postnatal Care Plans

- Early discharge before 12 hrs
- Full postnatal stay

Smoke<u>free</u> status

- Never smoked tobacco
- Ex smoker < 12 months
- Ex smoker > 12 months
- Current smoker Numbercig/day
- Partner Smokefree

Postnatal beds are subject to availability on the day for women transferring from another hospital.

Your LMC will arrange your transfer to our Centre.

Any special dietary, religious or cultural requirements (please specify)

- ☆ It is your right to be fully informed and consent to any procedures or tests for you and your baby during your stay at the centre.
- Please ensure the email address you have given us on this form is the most appropriate for us to send you information regarding your stay.
- ☆ Free Prenatal classes available. Phone us on 09 425 8201 for further information and bookings
- ☆ Warkworth Birthing Centre cannot accept responsibility for valuables belonging to clients.
- ☆ WiFi available.
- \Rightarrow On the day of discharge please try to leave the Centre before lunchtime.
- ☆ Partners welcome to stay in the Centre if desired. Shower facilities available, partner to provide their own meals
- ☆ Visiting hours for all family and friends 3pm 6pm.

The privacy act 1993 requires that before we can share your and your baby's Medical Information with Health Professionals involved in your case we need your consent. Signing this form indicates your consent.

Signed: (Mother)	Date:
Signed: (LMC)	Reg No:
	COMPUTER LETTER BOOKING BOOK OFFICE USE ONLY

Your Postnatal Midwife must have a current Access Agreement.