



ST GEORGE'S HOSPITAL

MATERNITY CENTRE

ST GEORGE'S MATERNITY BOOKING FORM

PLEASE COMPLETE AND SEND TO:

St George's Maternity Centre

Private Bag 4737, Christchurch 8140

249 Papanui Road, Strowan, Christchurch 8014

NHI Number

Personal Details

Surname:

Given Names:

Postal Address:

Postcode:

Permanent Residential Address:

Previous surnames:

Date of birth: / / Age:

Home ph: Work ph:

Cellphone:

Occupation:

Marital status:

Ethnicity:

Chinese ☐ Maori ☐ NZ European ☐ Samoan ☐

European ☐ Other ☐ Fiji ☐ Tokelauan ☐

Indian ☐ Cook Island ☐ Niuean ☐ Tongan ☐

Other Pacific Islander (Specify):

Country of Birth:

Birth Place in New Zealand:

Period of Residence in New Zealand: Years: Months:

Resident Status:

Resident ☐ Non-Resident ☐

Menstrual Cycle

☐ Regular ☐ Irregular

LMP

/ / ☐ cert ☐ uncert ☐ nk

Clinical EDD

/ /

Revised EDD

/ / Scan at weeks

Assisted conception: ☐ Yes ☐ No

Last cervical smear:

☐ Normal ☐ Abnormal

On national register ☐ Yes ☐ No

Family History

PET ☐ Yes ☐ No

Twins ☐ Yes ☐ No

Renal ☐ Yes ☐ No

Bloods

Blood ☐ A ☐ B ☐ O

Rhesus ☐ Pos ☐ Neg

Antibodies ☐ Nil ☐ Pos

Rubella ☐ Immune ☐ Non-immune

HepB ☐ Neg ☐ Pos

HepC - Anti HBC Status

☐ Pos ☐ Neg ☐ Not Tested

Tuberculosis - Risk ☐ High ☐ Low

Infant BCG discussed ☐ Yes ☐ No

Screening results

VDRL ☐ Neg ☐ Pos

HIV ☐ Neg ☐ Pos

Chlamydia ☐ Neg ☐ Pos

Weight: Height: BMI:

Asthma ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No

Hypertension ☐ Yes ☐ No

Person to contact/Next of Kin:

Name:

Address:

Relationship:

Telephone:

Home:

Cellphone:

Level of disclosure: Full ☐ Limited ☐ Status ☐ None ☐

Care Providers:

LMC:

LMC Telephone:

Postnatal Midwife:

Private Obstetrician:

GP:

GP Telephone: ☐ ☐ ☐ ☐

Level of disclosure (GP): Full ☐ Limited ☐ Status ☐ None ☐

Smokefree Status

Always been smokefree ☐

Smokefree now, but used to smoke ☐

Became smokefree <4weeks ago ☐

Currently smoking ☐

Is partner smokefree? ☐

Referral to smokecharge Accepted ☐

Phone: 379 9947 Declined ☐

Date referred:

Alcohol: ☐ Yes ☐ No

Recreational drugs:

Drug sensitivities:

Present drug therapy (all drugs since conception)

Genetic disorders ☐ Yes ☐ No

Congenital hips - Hearing - Vision

Medical History

Heart disease

☐ Yes ☐ No

Hypertension

☐ Yes ☐ No

Kidney disease

☐ Yes ☐ No

UTI

☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

Asthma

☐ Yes ☐ No

Thrombosis?

☐ Yes ☐ No

MRSA risk?

☐ Yes ☐ No

Previous anaesthetic

☐ Yes ☐ No

Complications

☐ Yes ☐ No

Blood transfusion?

☐ Yes ☐ No

Hospitalised in last 5 years

☐ Yes ☐ No

Do you have any concerns about your safety?

☐ Yes ☐ No

Please read this privacy statement before signing:

Pursuant to the Privacy Act 1993, the following is brought to your attention:

a) This form collects personal information about you. The information is collected to help clinical staff undertake care and treatment for yourself, manage our contact with you and monitor ongoing quality care.

b) The information is primarily for the use of St George's Maternity Staff. However where required, information will be passed to the Ministry of Health and other government agencies as required by law.

c) The information is collected and held securely by St George's Hospital

d) You have rights of access to and correction of this information, subject to the Provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994. Should you wish to exercise these rights please contact the Clinical Records Department, St George's Hospital, Private Bag 4737, Christchurch

SIGNATURE:

DATE:

Antenatal Breastfeeding Education

Classes offered: 2 hour session

Phone 03 356 0900 if you wish to book classes

Antenatal Care:

Do you intend to breastfeed your baby

Yes/No

Have you had your breasts examined

Yes/No

Care Plan:

Written

Yes/No

Plan for Birth:

Delivery booked at:

Patient Name:

(or label)

Mental Health

Previous Surgery

Cultural Issues:

Do you have any religious personal or cultural beliefs, preferences/ sensitivities about which we should be aware to help us meet your needs?

Diet:

Previous Obstetrical History								
Number of pregnancies (including this one):								
Gravida:				Parity:				
Place of Delivery	Date	Pregnancy		Labour or miscarriage		Infant		Problems - Comments - Breastfeeding
		Duration in weeks	Complications	Duration	Complications	Birth Weight Grams	Gender	

Community Card Holders

Community Service No:

High User Card No:

Category:

Expiry date:

1234

(please circle)