

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



Please use BLOCK LETTERS to complete this form.
Information requested is voluntary

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

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

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.

Name (CAPS): _____

Signature: _____

Date: _____

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