

GRAND RIVER HOSPITAL

Childbirth Program

Pre-registration Forms

- Please read the attached information carefully
- Complete the forms prior to your baby's due date
- Bring the forms with you when you come to the hospital

GRAND RIVER
HOSPITAL
Advancing Exceptional Care



We are pleased that you have chosen to give birth at Grand River Hospital.

Over the course of your pregnancy you will have many questions. Between your health care providers, Waterloo Region Public Health and your community hospital, we'll do our best to answer those questions or to guide you to the most appropriate resources for your needs.

Before your first visit to the childbirth program, please complete the forms included in this package: pre-anesthetic form, standard pre-admission sheet and what you need to know. Be sure to also read "**choosing a hospital room after your baby is born**" before selecting your preferred accommodation.

Bring these completed forms, your Ontario Health Card and any additional insurance information when you come to the hospital. This will help to speed up your admission process.

All of these forms, along with other information about the childbirth program and the hospital can be found on our website: <http://www.grhosp.on.ca/Childbirth>

If you do not have access to a computer and/or printer, you may ask your health care provider for the forms.

As well, the Child and Family Health Department, Region of Waterloo, provides a range of programs and services to support expectant families. You can find more information about these services by calling the Healthy Children Information Line 519-883-2245 or by visiting their website: <http://chd.region.waterloo.on.ca/en/childfamilyhealth/beforethebabyisborn.asp>

We hope that this information is helpful and that your stay is as comfortable as possible.

Should you have any questions, please email us at childservices@grhosp.on.ca.

Grand River Hospital's Childbirth Program – What you need to know

1. **Baby-Friendly Designation**

Grand River Hospital has achieved a baby-friendly designation. This means that all staff who will be involved in your care have received training to assist you in breastfeeding your baby. Research shows that breastfeeding offers a number of health benefits for both mom and baby. Our staff will be glad to speak with you about breastfeeding and will support you – whether you choose to breastfeed or not.

2. **Accommodations**

Information about insurance coverage and room rates can be found on our website at www.grhosp.on.ca/childbirth_rooms.

3. **Visiting Guidelines**

Please ask family and friends to respect visiting hours and guidelines. These have been put in place with feedback from the families who have used our service to provide time for rest and new parent education.

Visiting hours are from 12 to 2 pm and 4:30 to 8:30 pm with no visiting during rest period from 2 to 4:30 pm

No children other than the baby's siblings may visit on the unit. This helps us to limit the spread of infection and illness to you, your baby and others on the unit.

4. **Doctors**

We have a number of highly trained, respectful physicians who provide support to the childbirth program. Due to scheduling it is not possible to request a specific doctor or select the gender of your doctor.

5. **Midwives**

If you have chosen midwifery care, Grand River Hospital works collaboratively with four community midwifery practices.

6. **Students**

Grand River Hospital supports clinical education for the next generation of health care providers. At times, supervised medical and clinical students may be involved in your care.

7. **Photography and Videotaping**

Please ask before you click. Should you wish to take a picture or video while at the hospital please ask staff first. We are committed to respecting the privacy of those in hospital.

For further information please visit <http://www.grhosp.on.ca/Childbirth>

ADMISSION FORM

Admit date: _____

- PLEASE NOTE:**
1. Surgical patients report to Ambulatory Registration. Bring Health Card to hospital.
 2. Obstetrical patients register at the Childbirth Unit on 4D North, any time of the day.

PATIENT'S PERSONAL INFORMATION

Last name		First name		Prior surname(s)/maiden name		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	
Address							
Home phone #		Business phone # and ext.		May we use these numbers to contact you / leave a message? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Family doctor		Surgeon		Allergies			
Age	Date of Birth <small>year / month / day</small>		Have you been a patient in any Health Care Facility for > 12 hrs in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> Not interviewable				
Name of contact in case of emergency (spouse, parent, guardian, guarantor, etc.)						Relationship to patient	
Address <input type="checkbox"/> Same as above, or		Home phone		Business phone # and ext.			
Is this admission due to pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes			E-mail address				
Please state which pregnancy this is:			Obstetrician / Midwife				

PATIENT RESPONSIBILITIES:

- I understand that I am responsible and liable for all the costs incurred during my or the below noted patient's stay which are not covered by valid Provincial Healthcare Insurance i.e. OHIP, I further agree to pay all additional charges on discharge.
- I understand that the hospital will bill my insurance company but that responsibility for full payment remains with me. It is my responsibility to verify my coverage with my Insurance carrier and Grand River Hospital assumes no responsibility for verifying my insurance coverage. I assign all benefits payable from my Insurance claim to Grand River Hospital.
- **I understand that in the event Grand River Hospital is unable to reach me following discharge due to invalid contact information i.e. Invalid address or phone changes that Grand River Hospital reserves the right to access this information via agencies.**
- If I request a private room but I am placed in semi-private, the cost for semi-private will be applied. Likewise, if I am placed in a private room while requesting a semi-private, the charges for semi-private will be applied.
- Any request to change your accommodation must be confirmed in writing, by contacting the Registration clerk.
- **I authorize Grand River Hospital to release information requested by my insurance company or agencies associated with the recovery of due funds.**
- **Rates are subject to change.**

Please check ONE box only:

1 st CHOICE	RATES	INITIALS	2 nd CHOICE	RATES	INITIALS
<input type="checkbox"/> WARD/ covered by Valid OHIP	NO CHARGE		<input type="checkbox"/> WARD/ covered by Valid OHIP	NO CHARGE	
<input type="checkbox"/> SEMI-PRIVATE	\$235/DAY		<input type="checkbox"/> SEMI-PRIVATE	\$235/DAY	
<input type="checkbox"/> PRIVATE	\$275/ DAY		<input type="checkbox"/> PRIVATE	\$275/DAY	

PLEASE SIGN FORM

Patient/ Guardian/ Substitute Decision Maker Signature:

Date _____ Name of Responsible Party / Patient or Policy Holder _____
Signature _____

Interviewed by Staff Signature: _____ Staff Name: _____
Extension: _____

Preferred Name: _____ Height: _____ Weight: _____ BMI: _____ Age: _____

Body System Review		Yes	No	Any Comments
<i>(Do you have any of these medical conditions? Please check yes or no or circle, if appropriate)</i>				
Heart and Circulation	Treatment for high blood pressure			
	Treatment for Heart Attack Date: _____			
	Chest pains / Angina			
	Heart murmur / Valvular Heart Disease /History of rheumatic fever			
	Congestive heart failure			
	Irregular pulse / palpitations / Atrial Fibrillation			
	History of angioplasty / stent insertion / or heart surgery			
	Pacemaker or I.C.D. insertion date: _____ Last checked: _____			
Poor circulation / peripheral vascular disease				
Respiratory / Lungs	Asthma, wheezing, chronic cough			
	Recent chest cold or pneumonia			
	Emphysema, COPD, Bronchiectasis <input type="checkbox"/> Home Oxygen			
	Recent steroid use (e.g. prednisone) Date: _____			
	Diagnosed or probable sleep apnea (breath-holding while asleep)			
	CPAP machine <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Activities limited by shortness of breath – stairs or walking one block			
	Emergency Department or ICU for breathing trouble			
	Tuberculosis / Exposure (T.B.)			
	Smoking – Do you currently smoke?			
Packs per day average _____ # of years smoked _____				
Quit date _____ Restarted date _____				
Neurologic	Stroke or T.I.A. (mini-stroke)			
	Seizure, if so – when? Diagnosed when: _____ Date of last seizure: _____			
	Muscular dystrophy, Myotonia, Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis			
	Myasthenia Gravis / paraplegia / quadriplegia / wheelchair bound			
	Chronic pain / Fibromyalgia (e.g. sciatica / limb / other body part)			
Endocrine	Diabetes: <input type="checkbox"/> Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin			
	Diagnosed – Date: _____			
	Complications (eye, kidney, nerve involvement)			
	Thyroid gland problems / thyroid replacement medications			
Pituitary or Adrenal gland disease / other				
Gastro-intestinal / Renal	Kidney problems / dialysis / transplant / stones			
	Hepatitis / Liver disease			
	Easily nauseated / motion sickness / migraine headaches			
Acid reflux / heartburn treated with medications <input type="checkbox"/> Yes <input type="checkbox"/> No				
Arthritis: <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Rheumatoid Neck x-rays? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other	Any injury or disease involving neck, spine or joints			
	Mental health problems – depression / anxiety / needle phobia			
	Recent exposure to a contagious disease, e.g. chicken pox / MRSA / VRE			
	Blood problems (e.g. anemia / low platelets)			
	Blood clots / DVT (legs / lungs)			
	Taking blood thinners (Plavix or Coumadin)			
	HIV / AIDS			
	At risk for sickle-cell disease (e.g. African, Caribbean descent)			
	Cancer – any form? Location: _____			
	Chemotherapy / Radiotherapy treatments			
Glaucoma / eye problems / hearing loss <input type="checkbox"/> wears glasses <input type="checkbox"/> wears hearing aids				

Teeth: (please check) Own Dentures Caps/Crowns Partial plate Loose / Poor condition

List all previous operations and approximate year: (Please attach list if space is insufficient)	

Have you ever been hospitalized for an illness not requiring surgery? No Yes – explain & date:

Do you or your close relatives have a history of malignant hyperthermia (MH) or pseudocholinesterase deficiency? Yes No

Have you had a serious problem with previous anesthesia? (i.e. difficult intubation; vomiting) Yes No

Medications you are currently taking (please include over-the-counter, herbal and non-prescription meds)

Name of Medication <i>(Please attach list if space is insufficient)</i>		Dose <i>(Amount)</i>	Times of the day taken
1			
2			
3			
4			
5			
6			
7			
8			

Pharmacy Name: _____ Phone number: _____
 Pharmacy Location: _____

Medication Allergies (List drug name and reaction) (Please attach list if space is insufficient)

Drug	Reaction

Are you allergic to latex / rubber products? Yes No

	Yes	No
Do you drink alcohol regularly?		
How many drinks/day? _____ or How many drinks / week? _____		
Have you ever taken street drugs?		
If female, could you be pregnant?		
Do you have any body piercings other than earrings?		
Have you ever received a blood transfusion?		
Would you accept a blood transfusion if deemed medically necessary?		

Procedure: _____ Patient's Signature: _____

Surgeon's Name: _____ Date: _____

Choosing a hospital room after your baby is born

The childbirth program of Grand River Hospital's KW Site has three types of patient rooms available:

- Ward rooms (covered under OHIP);
- Semi-private rooms (\$235 per day); and
- Private rooms (\$275 per day).

Many patients have coverage for semi-private and private rooms through their extended health benefits. Please read carefully to make sure you choose the room you'd like.



During labour and delivery, you'll have a private birthing room at no charge. After you give birth and until you're discharged from hospital, you may move to the room of your choice (depending on availability).

If you choose a semi-private or private room, the cost of the preferred room will start one hour after the birth of your baby, even if you remain in your birthing room.

Please choose your preferred accommodation on the request section of the pre-admit form. We've included this form in your pre-admission package. When choosing a preferred room:

Please find out your available coverage from your insurance carrier (EG: 100 per cent of the per-day rate, or a lesser amount). The benefit booklet supplied by your employer (or your partner's employer) may provide this information; or

Check ("v") ward coverage if you are unsure or can't confirm your insurance coverage to make sure you're not unexpectedly billed.

If you have no insurance coverage but choose a private or semi room, the hospital will send you a bill for the room charges by mail after you're discharged. You may also receive a bill for any amount that your insurance won't pay such as a deductible.

When you're admitted, you can change your room coverage by completing a new pre-admit form. For example:

If you confirm your insurance coverage before you come to the hospital and had earlier selected a ward room, we can upgrade your room after the birth of your child; or

If you want to downgrade the room you will stay in after your child is born, we can accommodate you.

We will do our best to place you in the type of room you request as it becomes available. Given the high number of births at our hospital (over 4,300 babies every year) this may not always be possible.

If you require more information regarding your accommodations, please contact our patient accounts department at 519-749-4300 extension 2352.

Thank you.