GRAND RIVER HOSPITAL

Childbirth Program

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

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

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STANDARD PRE-ADMISSION RECORD

Scheduled Admission/Due Date

PLEASE COMPLETE BOTH SIDES OF FORM AND BRING ON DATE OF INITIAL VISIT (*DO NOT MAIL*)
PLEASE NOTE:
1. Surgical patients report to Ambulatory Registration. Bring Health Card to hospital. **PLEASE SIGN FORM**
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	❒ Male ❒ Female
Address	Apt. #	Place of Worship	
City, Town, Village	Family doctor	Surgeon	
Postal code	County/Township	**Allergies**	
Lot/Conc	Home phone #	Business phone # and ext.	May we use these numbers to contact you / leave a message? ❒ No ❒ Yes
Age	Date of Birth year / month / day	Have you been a patient in any Health Care Facility for > 12 hrs in the last 12 months? ❒ No ❒Yes ________________________ ❒ Not interviewable	
Name of contact in case of emergency (spouse, parent, guardian, guarantor, etc.)		Relationship to patient	
Address ❒ Same as above, or	Home phone	Business phone # and ext.	
Is this admission due to pregnancy? ❒ No ❒Yes	E-mail address		
Please state which pregnancy this is:	Obstetrician / Midwife		

HEALTH INSURANCE INFORMATION

Is the patient covered under Ontario Health Insurance Plan? ❒ No ❒ Yes Last name on Health Card:	Health Insurance Number	Version code

Do you have supplementary insurance for semi or private coverage? ❒ No ❒ Yes
<u>PLEASE COMPLETE</u> if you have supplementary insurance for all Day Surgery, Inpatient and Outpatient Procedures.

If yes, name of insurance company	Policy, Group, or Contract #
Certificate in name of ❒ Patient ❒ Other—please complete below	Certificate or I.D. #
Name	Employer's name
Relationship to patient	Employer's address
Insurance coverage provided by employer ❒ No ❒Yes	
Employer's telephone number	

ACCOMMODATION

PLEASE CHECK ONE BOX ONLY: **PLEASE CHECK YOUR INSURANCE POLICY COVERAGE CAREFULLY BEFORE REQUESTING PREFERRED ACCOMMODATION. PAYMENT WILL BE EXPECTED ON OR AFTER DISCHARGE FROM THE HOSPITAL OF ANY ADDITIONAL COSTS OVER AND ABOVE YOUR INSURANCE COVERAGE.**

❒ PRIVATE OR SEMI-PRIVATE ROOM

❒ SEMI-PRIVATE ROOM

❒ WARD ROOM (OHIP)

(Semi $215.00/day; Private $250.00/day)

Rates are subject to change without notice.

I UNDERSTAND THAT I AM RESPONSIBLE AND LIABLE FOR ALL COSTS INCURRED DURING MY OR THE ABOVE NOTED PATIENT'S STAY WHICH ARE NOT COVERED BY THE ONTARIO HEALTH INSURANCE PLAN (OHIP). I FURTHER AGREE TO PAY ALL ADDITIONAL CHARGES ON DISCHARGE. I HERE BY AUTHORIZE GRAND RIVER HOSPITAL TO RELEASE ANY INFORMATION THAT MAY BE REQUIRED FOR INSURANCE PURPOSES.

Date ______________ Signature of Responsible Party / Patient or Policy Holder X____________________________________

At this time the hospital is unable to verify the coverage for inpatients or any applicable deductible relating to semi-private and private accommodation, and therein lies the responsibility of the patient / parent / guardian.

PLEASE SEE REVERSE SIDE FOR CREDIT CARD/ WSIB / OUT OF PROVINCE INFO IF APPLICABLE

STANDARD PRE-ADMISSION RECORD

WSIB INFORMATION (FORMERLY WCB)

Is this admission because of a work-related injury? ❒ No ❒ Yes—Employer's name ______	Date of injury ______ year / month / day
Employer's address ______	Employer's telephone number ( ) ______
If yes, claim number	Social Insurance Number

OUT OF PROVINCE INFORMATION

Address of province of origin ______ ______	Is this: ❒ Temporary move? ❒ Permanent move?
	Provincial Health Care Number
Home phone number ( ) ______ Business phone number ( ) ______	Expiry Date ______ Reason here ❒ Vacation ❒ Medical Referral ❒ Temporary employment ❒ Other ______

Is this admission the result of a motor vehicle accident? **❒ No ❒ Yes**

IT IS IMPORTANT THAT THIS FORM BE COMPLETED IN ITS ENTIRETY AND SIGNED PRIOR TO COMING TO THE HOSPITAL, AS IT WILL MAKE THE REGISTRATION PROCESS QUICKER. IF A PRE-ANAESTHETIC PATIENT QUESTIONNAIRE IS INCLUDED, PLEASE ENSURE THAT IT IS COMPLETED AS WELL.

Pre-surgical patients requiring assistance with this form can call 749-4300 ext. 2221 during office hours to speak to a registration clerk.

Please bring both the Pre-Admission form and Anesthetic Questionnaire (if applicable) when you come to the hospital. **Do not mail these forms**. Obstetrical patients, please include this form with your other obstetrical physician papers.

If after submitting this Pre-Admit form, you discover that your insurance status has changed and you wish to change your room request, it is the responsibility of the patient to inform the registration staff when you are actually admitted to the hospital and to re-sign a new Pre-Admit form to document your room request change.

Please bring:

- Your Health Card
- Complete list of medications you are currently taking plus the medications themselves in their original containers
- Your pacemaker card from the manufacturer if you have a pacemaker

Please DO NOT bring any valuables. The hospital assumes NO responsibility for lost or stolen items.

If you have any questions about your surgery / delivery please write them down and they will be answered at the time of your admission

CREDIT CARD INFORMATION — if OHIP or private insurance does not cover all charges, your credit card will be billed.

❒ VISA ❒ MASTERCARD ❒ AMERICAN EXPRESS	Name of card holder (please print) ______ Account number ______ Expiry date ______ **Signature** ______

GRAND RIVER HOSPITAL

PRE-ANESTHETIC

St.Mary's GENERAL HOSPITAL

Patient Identification Label (Affix)

Preferred Name: ______________________________ Height: ________ Weight: _________ BMI: _________ Age: ________

	Body System Review *(Do you have any of these medical conditions? Please check yes or no or circle, if appropriate)*	Yes	No	Any Comments
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 ☐Home Oxygen			
	Recent steroid use (e.g. prednisone) Date:			
	Diagnosed or probable sleep apnea (breath-holding while asleep)			
	• CPAP machine ☐Yes ☐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: ☐ Diet ☐ Pills ☐ 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 ☐Yes ☐No			
Other	Arthritis: ☐Osteoarthritis ☐Rheumatoid Neck x-rays? ☐Yes ☐No			
	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 ☐wears glasses ☐wears hearing aids			

See over →

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 *(Please attach list if space is insufficient)*	**Dose** **(Amount)**	**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: ______________________

GRAND RIVER HOSPITAL
your health, your hospital

Choosing a hospital room after your baby is born

The childbirth program has three types of patient rooms available:

- **Ward rooms (covered under OHIP);**
- **Semi-private rooms ($215 per day); and**
- **Private rooms ($250 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 (in this 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 (✓) 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 (more than 4,200 babies every year) this may not always be possible.

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

Thank you.