



MATERNITY PRE-ADMISSION INFORMATION
Please print clearly and complete all information requested

PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY:

PATIENT INFORMATION

Have you ever been a patient at this hospital? Yes No

If yes, what year? _____ Under what name? _____

Patient's name: _____

Address _____ Phone No. (____) _____

City _____ State _____ Zip _____

Marital Status _____ Patient's SS# _____ - _____ - _____ Birth Date _____ Birthplace _____

Patient's Maiden Name _____ Race _____ Language _____ Veteran Yes No

Allergies _____ Religious Belief _____

First day of last period _____ Expected Delivery Date _____

Obstetrician _____ Pediatrician _____ Primary Care Provider _____

Do you have a signed Organ Donation Card? Yes / No Do you have an Advance Directive for Healthcare? Yes / No

Employer _____ Employer Address _____

Work Phone # (____) _____ ext. _____ Full or Part Time _____ Occupation _____

Driver's Licence/ID# _____ State _____ Expiration _____

SPOUSE OR EMERGENCY CONTACT

(Someone inside the home)

Full Name _____ Relation _____

Home Phone # (____) _____ Work Phone # (____) _____

Employer _____ Employer Address _____

Full or Part Time _____ Occupation _____

SS# _____ - _____ - _____ Birth Date _____

NEAREST RELATIVE OR FRIEND

(Someone outside the home)

Full Name _____ Relation _____

Address _____

Home Phone # (____) _____ Work Phone # (____) _____ ext. _____

INSURANCE INFORMATION

Cash Pay Yes No Pre-paid Cash Program Yes No Medical Insurance

NOTE: PLEASE ENCLOSE COPIES OF THE FRONT AND BACK OF YOUR INSURANCE CARD(S). List _____

Signature _____ Date _____

PATIENT

PHYSICIAN

DUE DATE

Please enclose a copy of insurance card and the patient's photo ID. Please mail to:

Birth Pavilion Preadmission
Scripps Memorial Hospital Encinitas
354 Santa Fe Drive
Encinitas, CA 92024

For cash accounts and/or to make arrangements for deductibles or co-pays, contact 760-633-6707.

Please complete your Patient Profile and bring it with you when you come to the hospital.

Thank you.