



Information about your health and wellbeing will be collected and be available to both the hospital and your GP unless otherwise requested.

Woman to complete this section

Surname:		Given Names:	
Previous/Maiden Name:		Occupation:	
Expected date of Delivery:		Current number of weeks pregnant	
Date of Birth:	Medicare card #:	LMP:	
Marital status: <input type="checkbox"/> Widow <input type="checkbox"/> Never married <input type="checkbox"/> Married/De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Country of Birth:		Religion:	
Language used at home:		Interpreter needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Aboriginality: Yes <input type="checkbox"/> No <input type="checkbox"/>		Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Private insurance: Top <input type="checkbox"/> Basic <input type="checkbox"/> Nil <input type="checkbox"/>		Fund Name: Fund No:	
Billing Status: Overseas (no Medicare) <input type="checkbox"/> Reciprocal <input type="checkbox"/> Medicare <input type="checkbox"/>			
Home Address		Person to contact	
Street:		Name:	
		Relationship:	
Suburb:		Street:	
State:	P/code:	Suburb:	
Phone no: (h)		State:	P/code:
(w)	(Mob)	Phone no:	
(email)			
Have you attended this Hospital before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If yes, under what surname? _____	
GP Name:		GP Address:	

Have you previously received pregnancy care at the Royal Hospital for Women? Yes ☐ No ☐

Would you like Shared Pregnancy Care with your GP & the hospital? Yes ☐ No ☐
(Shared Care involves alternating visits with your GP and the hospital clinics)

Would you like Midwifery Group Practice? (a waiting list usually applies) Yes ☐ No ☐

What is your preferred appointment time for your hospital pregnancy care? am ☐ pm ☐

For further details of the options of care available at the RHW please visit our website

<http://www.seslhd.health.nsw.gov.au/RHW/default.asp>

📞USEFUL PHONE NUMBERS

Hospital 9382 6111
 Delivery Suite 9382 6100
 Appointments 9382 6048
 Enquiries 8.30-4.00 Monday-Thursday
 Antenatal Classes 9382 6541

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**PLEASE BRING THIS
 COMPLETED FORM TO YOUR
 FIRST ANTENATAL/BOOKING
 IN APPOINTMENT AT THE
 ROYAL HOSPITAL FOR
 WOMEN**