

MATERNITY ADMISSION

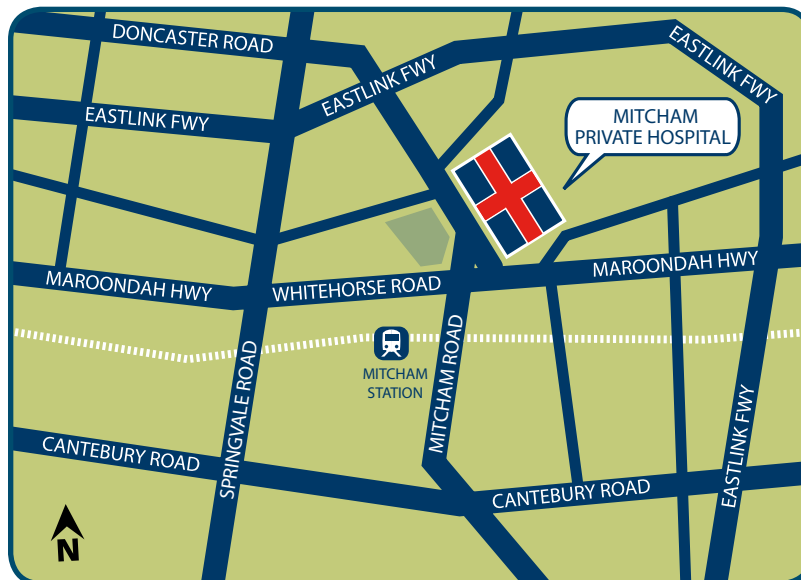


Please complete the three forms at the back of the booklet and return them either by post or deliver them to the Hospital as soon as possible.

Thank you for choosing Mitcham Private Hospital.

**IMPORTANT:  
FORMS MUST BE RETURNED IMMEDIATELY  
TO CONFIRM BOOKING**

**If you need assistance to complete the forms or have questions regarding your admission, please phone the Midwifery Department or come to the Hospital Midwifery Reception Desk and we will be pleased to help you.**



**MITCHAM**  
**PRIVATE HOSPITAL**

27 Doncaster East Road Mitcham Vic 3132  
PO Box 170 Mitcham Vic 3132  
Ph: (03) 9210 3111 Fax: (03) 9210 3143  
[www.mitchamprivate.com.au](http://www.mitchamprivate.com.au)  
[www.ramsayhealth.com.au](http://www.ramsayhealth.com.au)

## Maternity Information

### Prior to Admission

Please complete the admission forms at the back of this book and either post or deliver them to the hospital as soon as possible.

*Your booking is not confirmed until the forms are received.*

### On the Day of Admission

#### What to Bring

For you:

- Night attire
- Casual clothes (optional)
- Personal toiletries (soap, shampoo etc)
- Sanitary pads (3 packs)
- Breast pads (1 pack)
- 3 maternity bras / maternity crop tops
- Medicare card
- Blood Group card
- Health Insurance details / book / card
- Tripillow (if desired)
- Pen
- Alarm clock / watch
- Tissues

For your baby:

- Baby outfits (5-6)
- Baby singlets
- Cotton bunny rugs (5-6)
- Baby wipes
- Cotton wool balls

Disposable nappies will be provided free of charge during your stay with us at Mitcham Private Hospital. If you are planning to artificially feed, please bring the formula of your choice. Bottles and teats are available for your use at the hospital.

### Information about the Hospital

#### Visiting Hours

The hospital visiting hours are 3:00pm to 4:00pm and 7:00pm to 8:00pm daily. Only partners may remain after 8:00pm.

The rest period is strictly between 1:30pm to 3:00pm. No visitors, including children, or incoming phone calls are allowed during the rest period. Children visiting the hospital are welcome but we ask that they be accompanied by an adult at all times.

### Your Partner can stay with you overnight

We believe your partner should be involved in the parenting experience to give you physical and emotional support, including during the birth itself.

To remain overnight, we require that your partner reads and accepts the "Partner Code of Conduct".

Breach of this Code may result in immediate withdrawal of overnight stay privileges for your partner.

#### PARTNER CODE OF CONDUCT

1. Your presence during the hospital stay must not impede your partner's care or the care of another patient
2. Nursing and / or housekeeping routines will not be delayed eg. to allow you to sleep in
3. Sleeping undressed is not acceptable
4. Once out of bed, a dressing gown or equivalent must be worn
5. No sleepwear may be worn outside your partner's room

It is important your partner is aware of the number of times people will need to enter your room each day. It is also important that your partner understands the physical and emotional changes you will experience that can result in sleep deprivation and teary episodes.

Your partner must also accept that our focus of care will always remain on you, the mother and your baby.

#### Meals

Special consideration is taken when planning and providing your meals. If you have any special dietary requirements, please attach a note with your Registration forms so that we can cater for your needs. Meals for partners and visitors are available at a small cost.

Our a la Carte Menu is available to you at lunchtime from Monday to Friday at no extra cost. Your partner can also order at a small additional charge. We offer a variety of delicious meals that will be served straight from the chef to your room.

#### Accommodation

The Mitcham Private Hospital Maternity Unit provides private accommodation. We offer a small number of rooms with double beds, however they are subject to availability. For those patients who request a double bed, there may be an additional daily charge.

## During your stay

For overnight patients a bedside telephone is available for your use. Local calls are free of charge. If you wish to dial an international or mobile number, this can be done by use of a "Phoneaway" card. These can be purchased prior to admission or from the hospital reception (these are available for \$5 and \$10).

Plasma televisions with Foxtel are in each room. Wireless internet is available, as is Net Kiosk. You will need to bring your own laptop to access wireless. Any mail, faxes or flowers will be delivered to your room.

Ipod and Iphone docking stations are in all birth suites. Smoking is not permitted in the hospital.

## Special Care for your baby

- Level 2 Special Care Nursery
- Neonatal trained staff

Your baby may need to be admitted into the Special Care Nursery.

This may happen if your baby is premature, jaundiced, requires support to establish feeding, or experiences a number of other conditions.

If this is required, a Paediatrician will be involved in the care of your baby. More information will be provided should this eventuate.

## Cameras and Filming

In the interests of patient safety, the privacy of staff members and medical personnel alike, we ask that you do not use any piece of equipment set to video or sound mode to record visual images or sound during labour, birth or Caesarean Section. Equipment includes camcorders, digital cameras and mobile telephones. You may however use your camera for still shots.

You are welcome to use film and sound in the privacy of your own room, providing the privacy rights of other patients and staff members are not encroached.

## Parking

Free Visitor car parking is available.

## Discharge Information

Discharge planning is a vital component of your stay at Mitcham Private Hospital. Day One commences on the day of your delivery. Your length of stay will depend on you and your baby's health. Your anticipated stay is no longer than 3 to 4 nights for vaginal birth and 4 to 5 nights for a Caesarean birth.

You can go home earlier if you wish after discussion with your Obstetrician.

## Discharge time is 9:30 am

Should you request a late discharge for other than medical reasons, a late discharge fee may apply.

It is essential to have a securely fitted child restraint in your car before your admission to hospital.

It is recommended that once installed, you have your safety restraint checked by an authorised fitting station. Your nearest fitting station can be found by ringing the **RACV on 9790 2190 (Metropolitan)** or **1800 1340 126 (Country)**.

## Additional Services available on the Antenatal / Post Natal Ward

### Massage Service

This service can be booked at a time of your convenience. Payment is to be made directly to the Melbourne Massage Therapist.

### Professional Photography

A professional photography service is available for your baby photos. Please refer to your bedside booklet for days and times available.

### Leader Newspaper Inclusion

You may complete a form to request The Leader Newspaper photograph your newborn for inclusion in its next edition. Please fill out the form and leave it at the midwifery desk for collection, should you be interested.

### Afternoon Tea

The cake trolley services the patients at approximately 2:45pm. It has a collection of delicious cakes for you to choose from.

### Minibar

A minibar service is available in each room. This service includes light snacks and beverages.

## Valuables

*It is strongly recommended that you do not bring jewellery or large amounts of money to hospital.*

*Mitcham Private Hospital does not accept responsibility or liability for any items brought into the hospital.*

## Patient Account Information

Mitcham Private Hospital has agreements with most health funds, minimising up-front, out-of-pocket expenses for members. If your level of cover specifies that an excess or co-payment is payable, then you will be required to pay this on admission.

If you are presently covered by a single health insurance policy, **you are strongly advised to consider transferring to Family Cover at least three months before your expected date of delivery.**

The majority of Health Funds do not automatically cover your baby if there is a problem requiring neonatal care unless family insurance has been in effect for a minimum of three months.

If you elect to remain on single cover and your baby is unwell and requires admission to our Special Care Nursery, you will be required to pay all costs associated with your baby's admission.

**We strongly recommend that you contact your Health Fund regarding your coverage to ensure you are not faced with unexpected expenses.**

Mitcham Private Hospital will submit your hospital claim on your behalf, however you will remain responsible for submission of all other accounts eg. Doctors fees, pathology, radiology etc.

For Self-insured patients, your total payment must be made 6 weeks prior to delivery date.

It is also worth considering arranging ambulance membership in the event this is needed for yourself or your baby.

### **Fees for Outpatient and Non-emergency procedures**

During your pregnancy, your Obstetrician may refer you to the Mitcham Private Hospital Maternity Unit for a variety of non-emergency outpatient services.

These services include; Foetal Monitoring (CTG), Administration of RH immunoglobulin and the administration of intramuscular injection of Celestone Chondrose.

The hospital charges a fee for the service received at each visit. This fee can be paid on the day of your procedure or you may elect to have it added to your total account which is paid on discharge following the birth of your baby.

The fees charged by the hospital for this service are non - rebatable from your health fund and are subject to change at short notice.

## Mitcham Private Hospital offers Comprehensive Childbirth Education

**Post-Natal Exercise Classes** are conducted by a physiotherapist.

If you are unable to attend a physiotherapy session prior to discharge you will receive a complimentary physiotherapy consultation voucher to use at your convenience.

### **Breast Feeding Services**

#### **Lactation Day Clinic**

Mitcham Private Hospital recognises that all women have the right to education, encouragement, support and counselling so that they may successfully breastfeed.

We provide comprehensive education programs and a complete breastfeeding service. This service includes a breastfeeding clinic, education and resource materials.

All infant feeding education programs offered provide an approach that is flexible, creative, empowering and sensitive to the individual.

#### **Who can Benefit from this Service?**

Breastfeeding problems can occur at anytime during lactation.

Women who are experiencing breastfeeding problems can receive support from our service through referral by their admitting Doctor.

This may be in the form of a short consultation or a visit to our one day Lactation Clinic.

### **Information and fees**

In many cases your Private Health Insurance will cover the cost of a day clinic, but we strongly recommend that you check with your fund regarding any possible out of pocket expenses. You may still attend the clinic if you are not privately insured. Please telephone the hospital to discuss these related costs.

## Continence Clinic

This clinic provides assistance to women experiencing pelvic floor muscle and incontinence problems. Unfortunately some women experience problems with bladder or bowel control and pelvic floor function following pregnancy and childbirth.

The Mitcham Private Hospital Continence Clinic can provide you with the opportunity to meet with our qualified Continence Nurse Consultant.

Services on offer include:

- Education on how to strengthen your pelvic floor muscles
- Development of an individualised pelvic floor exercise program
- A confidential and sympathetic assessment of bladder and bowel control issues

The clinical focus is on

- Prevention of pelvic floor muscle weakness and continence problems both in the ante and post natal periods
- Addressing specific problems at these and other times in a woman's life

For more information regarding this clinic, please contact our Continence Nurse Consultant on 9210 3103 (Monday and Thursday). All clinic appointments can be made Monday - Friday on **9210 3100**

## Childbirth & Early Parenting Education Sessions

These sessions are designed to allow maximum choice in your childbirth & early parenting education.

These are available to all parents. Please ring the Mother Baby Support Unit to book: **9210 3134**

### Pregnancy, Childbirth & Parenting Series (3 x Evening classes)

These classes have been prepared to assist you when making choices regarding your labour and birth, Caesarean section, when to come to hospital, choice of pain relief if required, postnatal care and breastfeeding.

There is also a parenting component to the classes which covers a range of topics to assist new parents, including infant safety and community resources.

Partners are welcome and encouraged to attend these sessions.

During the series, you will have an opportunity to tour our birth suites and discuss Ward routines.

A light supper will be provided.

### Pregnancy, Childbirth & Parenting Workshop (2 half day sessions over 2 weekends)

This is an ideal program for couples who find it difficult to commit to an evening series. The information provided in the workshop is the same as that covered in the series.

### Breast Feeding Class (2 hour program)

This class aims to assist the woman in gaining an understanding of the principles of breast feeding and to encourage a positive attitude. Open discussion is welcome of the benefits of breast feeding and the challenges that arise through family and society's pressures on the nursing mother.

### Fathers Class (2 hour approx)

A two hour evening session for fathers and fathers-to-be is run by a male and aims to discuss issues surrounding expectant fathers in a relaxed setting.

### Refresher Class (1 x 2 hour program)

This series is for couples who have already had at least one birth experience.

There will be discussion on the philosophies and principles of "active birth" and an update on pain management strategies in labour.

Partners are welcome and encouraged to attend this session.

### Grandparents Session (2 hours approx)

These discussion groups are informal and designed to assist new grandparents understand the change associated with labour, birth and parenting advice in the 21st century.

If you require further information on any of these sessions please call (03) 9210 3111. Please note charges may occur for these sessions depending on your Health Fund.

If you are interested in attending any of these sessions, please fill out the Bookings for Childbirth Education Classes section on the Midwifery Booking Form MR 104 contained at the end of this Booklet.

# Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

## Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

- 1 Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.
- 2 The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- 3 Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

## What can I expect from the Australian health system?

### MY RIGHTS

### WHAT THIS MEANS

#### Access

I have the right to health care.

I can access services to address my healthcare needs.

#### Safety

I have a right to receive safe and high quality care.

I receive safe and high quality health services, provided with professional care, skill and competence.

#### Respect

I have a right to be shown respect, dignity and consideration.

The care provided shows respect to me and my culture, beliefs, values and personal characteristics.

#### Communication

I have a right to be informed about services, treatment, options and costs in a clear and open way.

I receive open, timely and appropriate communication about my health care in a way I can understand.

#### Participation

I have a right to be included in decisions and choices about my care.

I may join in making decisions and choices about my care and about health service planning.

#### Privacy

I have a right to privacy and confidentiality of my personal information.

My personal privacy is maintained and proper handling of my personal health and other information is assured.

#### Comment

I have a right to comment on my care and to have my concerns addressed.

I can comment on or complain about my care and have my concerns dealt with properly and promptly.



**Please remove and complete the following forms (front & back) and return to Mitcham Private Hospital as soon as possible.**

**Please call the Hospital on 03 9210 3111 if you require assistance with these forms.**

***Remember your Admission is not booked until Mitcham Private Hospital receives the following forms:***

- **MR 101 PRE ADMISSION REGISTRATION**
- **RAMSAY PRIVACY CONSENT FORM (REAR OF MR 101)**
- **MR 103 MATERNITY HISTORY**
- **MR 104 MIDWIFERY BOOKING**
  
- **ESTIMATE OF MATERNITY FEES FORM (TO BE SIGNED & DATED)**
- **CREDIT CARD DETAILS FOR HOSPITAL ADDITIONAL CHARGES FORM**
- **INFANT HEPATITIS B CONSENT FORM / IMMUNISATION INFORMATION**
- **EPIDURAL INFORMATION SHEET**

# MITCHAM PRIVATE HOSPITAL

27 Doncaster East Road Mitcham Vic 3132  
Ph: (03) 9210 3222 Fax: (03) 9210 3223

## PRE ADMISSION REGISTRATION

PLEASE COMPLETE AND RETURN TO THE HOSPITAL AT LEAST 3 DAYS  
PRIOR TO ADMISSION

Unit Record Number:

Family Name:

Given Names:

Date of Birth:  Age:

Sex:

**OR USE LABEL**

**ESTIMATED DATE OF DELIVERY:** \_\_\_\_\_

**PATIENT DETAILS**

:  am/pm  :  am/pm

Have you been a patient at this hospital before? YES  NO  If yes, when?  Surname Was:

Surname: (Mr. Mrs. Ms. Miss)  Given Names:  Preferred Name:

Address (Include Postcode):  Phone: (Home)  (Work)  (Mobile)   
Postal Address:

Sex: M  F  Marital Status:  Date of Birth:  Age:

Country of Birth: (If Australia, which state?)  Are you an Aboriginal or Torres Strait Islander? YES  NO

Religion:  Occupation:  Medicare Ref. No.:  Medicare No.:

For Pharmaceutical Benefits Pension/Healthcare/Safety Net (Insert No.)  Medicare Expiry Date:

Has your admission been approved by Veterans' Affairs? YES  NO  Card? Gold  White  DVA No.

**PERSON TO CONTACT:** Relationship:  Phone: (Home)  (Work)  (Mobile)   
Address:

**Admitting Doctor:**  **Referring Doctor:**

**Family Doctor/Clinic:**  Family Doctor/Clinic Address:

Power of Attorney/Other N.O.K.:  Phone: (Home)  (Work)  (Mobile)   
Address:

**INSURANCE DETAILS** Name of Health Fund:  Level of Cover:

Membership No.:  Contributor:

Date Joined Current Schedule:  Date Paid To:

Have you an excess? YES  NO  If yes, have you paid your excess for this year's claim? (If unsure check with your Health Fund) YES  NO

Have you been in any other hospital this year? YES  NO  If yes, where?  Date:

*Please note - approval prior to admission is essential for WorkCover, T.A.C. and Veterans' Affairs patients.*

**WORKCOVER** **TAC** *Accidents outside Victoria may not be covered.*

Name of Employer:  TAC Ref No.:  Date of Accident:

Address:  Location:

Postcode:  Phone No.:  Reported at (Police Station):

Contact Person:  Registration of Vehicles Involved:

Date of Accident:  Claim Accepted: YES  NO  Mode of Transport:

Insurance Co.:  Claim No.:  Driver/Passenger:

Nature of Injury:  Other Driver:

Has liability been accepted by Insurance Company? YES  NO  Has this admission been approved? YES  NO

Diagnosis on Admission  DRG

I agree to pay before leaving the hospital, all charges which are not refundable by my health fund, WorkCover or Transport Accident Commission. I accept that the hospital is not responsible for the loss of any money or valuables. \_\_\_\_\_ Signature

DETACH ALONG PERFORATION

PRE-ADMISSION REGISTRATION MR 101

OFFICE USE ONLY  
FEB 2011

# Ramsay Health Care Privacy Policy

Ramsay Health Care is bound by the National Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws about how private health service providers handle personal information.

We are committed to complying with all applicable privacy laws which govern how Ramsay Health Care collects, uses, discloses and stores your personal information.

The Privacy Statement sets out in brief how Ramsay Health Care will handle your personal information.

For further information or to receive a copy of our full Privacy Policy, please ask a staff member, visit our website: [www.ramsayhealth.com.au](http://www.ramsayhealth.com.au) or telephone the Hospital and ask to speak with our Privacy Officer.

You can also write to our Privacy Officer to request more information.

Ramsay Health Care will collect your personal information for the purpose of providing you with health care and for directly related purposes. For example, Ramsay Health Care may collect, use or disclose personal information:

- for use by a multidisciplinary treating team;
- to liaise with health professionals, Medicare or your health fund;
- in an emergency where your life is at risk and you cannot consent;
- to manage our hospitals, including for processes relating to risk management, quality assurance and accreditation activities;
- for the education of health care workers;
- to maintain medical records as required under our policies and by-law; or
- for other purposes required or permitted by law

Personal information may be shared between Ramsay Health Care facilities to coordinate your care. We also outsource some of our services. This may involve us sharing your personal information with third parties. For example, we outsource the conduct of our patient satisfaction surveys to a contractor who may write to you seeking feedback about your experience with Ramsay Health Care. We may also outsource the archiving of our medical records to a contractor. Where we outsource our services we ensure that third parties have obligations under their contracts with Ramsay Health Care to comply with all laws relating to the privacy and confidentiality of your personal information.

Ramsay Health Care will usually collect your personal information directly from you, but sometimes may need to collect it from someone else (for example, a relative or another health service provider). We will only do this if you have consented or where your life is at risk and we need to provide emergency treatment.

We will not use or disclose your personal information to any other persons or organisations for any other purpose unless:

- you have consented;
- the use or disclosure is for a purpose directly related to providing you with health care and you would expect us to use or disclose your personal information in this way;
- we have told you that we will disclose your personal information to other organisations or persons; or
- we are permitted or required to do so by law

You have the right to access your personal information in your health record. You can also request an amendment to your health record should you believe that it contains inaccurate information.

## Please complete this section below:

If you consent to Ramsay Health Care using or disclosing your personal information for the following purpose, please tick the box and sign the consent below:

- to receive a visit from a pastor or chaplain;
- to receive an informal visit from a member of the local veteran community.

### Consent

I hereby authorise the Hospital to collect, use and disclose my information as described above.

\_\_\_\_\_  
Signature of Patient or authorised representative

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# MITCHAM PRIVATE HOSPITAL

27 Doncaster East Road Mitcham Vic 3132  
Ph: (03) 9210 3222 Fax: (03) 9210 3223

## MATERNITY HISTORY FORM

Unit Record Number: 

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Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: 

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Age: 

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Sex:

**OR USE LABEL**

**ADMISSION DETAILS**

Expected Date of Delivery: \_\_\_\_\_

Name of your partner: \_\_\_\_\_

When was your last menstrual period? \_\_\_\_\_

Blood Group (if known): \_\_\_\_\_

GBS Status:  Positive  Negative  Unknown

**PREVIOUS PREGNANCIES** (including miscarriages & terminations)

No.	Delivery Date	Duration of Pregnancy	Birth Weight	Baby's Sex	Any Pain Relief Labour	Hours In	Type of Delivery	Breast or Bottle	Hospital
<b>Eg</b>	30/ 05/93	39 weeks	3640g	Male	Epidural	9 Hrs	Forceps	Breast	Mitcham Private
1									
2									
3									
4									
5									

	YES	NO	SPECIFY DETAILS
Is this pregnancy a result of assisted conception?			<input type="checkbox"/> Clomid <input type="checkbox"/> Pregnyl <input type="checkbox"/> AI <input type="checkbox"/> Mod IUI <input type="checkbox"/> Embryo Transfer <input type="checkbox"/> FET <input type="checkbox"/> Other
Did you have any problems or complications after the birth of your previous baby/ies?			
Have you had any health issues with this pregnancy?			

What is your Height: \_\_\_\_\_ Weight \_\_\_\_\_ kgs at \_\_\_\_\_ weeks

	YES	NO	REACTION
<input type="checkbox"/> Medications			
<input type="checkbox"/> Tapes <input type="checkbox"/> Lotions <input type="checkbox"/> Food			
<input type="checkbox"/> Latex / Rubber - if yes, complete MR 120			
<input type="checkbox"/> Other			

**MEDICATIONS**

Have you recently taken the following medications?

Warfarin  Blood thinning / Aspirin based  Anti inflammatory / Arthritis  Cortisone / Steroids

Have you recently stopped / been orderd to stop the above medication?  Yes  No Date last taken: \_\_\_\_\_

**List all medication / tablets / puffers / vitamins / herbal medicine that you currently take:**

Medication	Dose	Frequency	Last taken	Medication	Dose	Frequency

DETACH ALONG PERFORATION

MATERNITY HISTORY FORM

MR 103

<b>CURRENT &amp; PAST MEDICAL HISTORY:</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS &amp; DATES</b>
Have you had or do you have any of the following?:			
Diabetes – <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Unsure			Managed with:
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Low blood pressure			
<input type="checkbox"/> Heart attack <input type="checkbox"/> Angina <input type="checkbox"/> Chest pain			
<input type="checkbox"/> Palpitations <input type="checkbox"/> Irregular heart beat			
<input type="checkbox"/> Heart murmur <input type="checkbox"/> Atrial fibrillation			
<input type="checkbox"/> Pacemaker <input type="checkbox"/> Heart valve replaced			Bring pacemaker details with you / or attach
<input type="checkbox"/> Heart surgery			
<input type="checkbox"/> Rheumatic fever			
<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Hayfever			
<input type="checkbox"/> Pneumonia <input type="checkbox"/> TB <input type="checkbox"/> Emphysema			
<input type="checkbox"/> Stroke <input type="checkbox"/> TIAs			
<input type="checkbox"/> Tendency to bleed or bruise			
<input type="checkbox"/> Anaemia			
<input type="checkbox"/> Blood clot in legs <input type="checkbox"/> Blood clot in lungs			
<input type="checkbox"/> Liver disease <input type="checkbox"/> Hepatitis (A, B, C)			
Do you have reason to believe that you may be at increased risk of HIV, Hepatitis?			
<input type="checkbox"/> Recent cold <input type="checkbox"/> Flu <input type="checkbox"/> Other infection			
<input type="checkbox"/> Kidney problems <input type="checkbox"/> Bladder problems			Incontinent <input type="checkbox"/>
<input type="checkbox"/> Bowel problems			Incontinent <input type="checkbox"/>
<input type="checkbox"/> Gastric ulcers <input type="checkbox"/> Hiatus hernia			
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Seizures			
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Other mental illness			
<input type="checkbox"/> Other Health Problems:			

**PREVIOUS OPERATIONS / PROCEDURES / RELEVANT MEDICAL CONDITIONS (Inc details and dates)**

Date \_\_\_/\_\_\_/\_\_\_ .....

Date \_\_\_/\_\_\_/\_\_\_ .....

Date \_\_\_/\_\_\_/\_\_\_ .....

Date \_\_\_/\_\_\_/\_\_\_ .....

Date \_\_\_/\_\_\_/\_\_\_ .....

<b>PAST ANAESTHETIC DETAILS</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS AND DATES</b>
Have you or your family ever had a reaction to an anaesthetic?			
Have you ever had a blood transfusion?			
<b>DIET</b>			
Do you require a special diet?			
<b>CLASSICAL CREUTZFELDT JAKOB DISEASE (cCJD):</b>	<b>YES</b>	<b>NO</b>	
Have you had a Dura Mater Graft prior to 1990?			
Do you have a family history of two or more first degree relatives with cCJD or other unspecified progressive neurological disorder?			
Have you received human pituitary (growth) hormones prior to 1986?			
Have you suffered from a recent progressive dementia (physical or mental) the cause of which has not been diagnosed?			
Have you been involved in a 'look back' study for cCJD?			
Are you in possession of a 'Medical Confidence Letter' regarding risk of cCJD?			

Admitting Nurse Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DETACH ALONG PERFORATION

**MITCHAM**  
**PRIVATE HOSPITAL**

27 Doncaster East Road Mitcham Vic 3132  
Ph: (03) 9210 3222 Fax: (03) 9210 3223

**MIDWIFERY BOOKING**

Unit Record Number:

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Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth:

--	--	--	--	--	--	--	--	--	--

Age:

--	--	--	--	--

Sex:

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**OR USE LABEL**

**WHAT ARE YOUR EXPECTATIONS FOR THE BIRTHING EXPERIENCE?**

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**DO YOU HAVE SPECIAL WISHES / REQUIREMENTS IN LABOUR?**

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Information recieved on Epidural Anaesthetic?  Yes  No

**INFANT FEEDING**

Do you: Intend to breastfeed?  Yes  No

Have you breastfed previously?  Yes  No Duration of Lactation: \_\_\_\_\_

**Comments on Experience:** \_\_\_\_\_

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**BOOKINGS FOR CHILDBIRTH EDUCATION CLASSES**

**DURATION OF SESSIONS**

Pregnancy, Childbirth & Parenting Series (First Time Parents)

3 Evenings

**Or**

Pregnancy, Childbirth & Parenting Workshop

Weekends (2 x 1/2 days over 2 weekends)

Refresher Class

1 Evening

Fathers Class

1 Evening

Breastfeeding Class

1 x 2 Hour Session

I do not wish to attend classes

**CLASSES BOOKED**

Yes  No

Full Series

Workshop

Refresher

Fathers

Breastfeeding

Other: \_\_\_\_\_

DETACH ALONG PERFORATION

MIDWIFERY BOOKING

MR 104

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DETACH ALONG PERFORATION







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