

Maternity Patient Registration Form

Please post this completed form to:

Appointments Office
 Coombe Women & Infants University Hospital
 Cork Street
 Dublin 8
 Tel: 01 408 5463/64 | Fax: 01 408 5560 | www.coombe.ie

Please complete this form using **black ink and BLOCK CAPITALS**

TO AVAIL OF FREE PUBLIC MEDICAL HEALTHCARE

You **MUST** attach a copy of Photographic I.D. **PLUS** a copy of **ONE** of the following:

A current valid medical card, utility bill or other proof of address, P60, a work permit or visa, or a statement from your employer stating your contract of employment.

DOCUMENTS WILL BE SHREDED ONCE CHECKED SO PLEASE DO NOT SUBMIT ORIGINALS

PLEASE NOTE THAT FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN CHARGES FOR YOUR CARE

ALL INVOICES MUST BE PAID IN FULL WHEN LEAVING THE HOSPITAL

Maternity Patient Booking Category and PPS Details:

Have you booked with another hospital for **this** pregnancy? Yes No

Which category of patient do you wish to register as? Semi-Private Public

If you are a **public** patient, which category of care are you opting for? Consultant Obstetrician* Domino Midwives *

What is your PPS Number?

*Please refer to the Patient Information section of www.coombe.ie for details relating to each category of care.

Clinical Information:

What is the date of the first day of your last menstrual period?

Have you been a patient of this hospital before? Yes No

If you have been a patient of this hospital before, can you remember your hospital number?

What was your address at the time of your last stay at this hospital?

Personal Details:

Title: Surname: First Name:

Date of Birth: Country of Birth:

Have you been ordinarily resident in Ireland for the last year? Yes No

Current address:

County: Eircode:

Mobile telephone number: Home telephone number:

For Office Use Only - Date of Receipt:

Initials:

Marital Status:

Single

Married

Separated

Divorced

Widowed

Civil Partnership*

Surviving Civil Partner*

*Civil Partnership does not apply to co-habiting couples.

What is your spoken language?

What is your religion?

What is your occupation?

If you are married, what is your Maiden Name (name before marriage)?

Next-of-Kin Details:

Title:

Surname:

First Name:

Gender: Male Female

Date of Birth:

Relationship to you:

Current address:

County:

Eircode:

Mobile telephone number:

Home telephone number:

Health Insurance Information (if applicable):

Name of Insurance Company:

Plan Type:

Name of Policyholder:

Policy Number:

Policy Expiry Date:

Medical Card Details (NOT GP CARD) (if applicable):

Medical Card Number:

Expiry Date:

Health Amendment Act Card (if applicable):

Do you have a Health Amendment Act Card? Yes No If yes, have you attached a copy? Yes No

General Practitioner's (GP) Details:

Name of GP:

GP's Contact Telephone Number:

GP's Address:

Information required for Civil Registration of the Birth (information regarding Father and Mother of expectant baby):

Date of Marriage (if married):

Father's Occupation:

Birth Surname of Mother's Mother:

Birth Surname of Father's Mother:

Father's PPS Number :

Father's Country of Birth:

Father's Former Name if Different to Birth Name:

Patient's Signature :

Date:

Privacy Notice

This form must be read, signed and returned with the Maternity Patient Registration Form.

Please complete this form using **black ink** and **BLOCK CAPITALS**

The General Data Protection Regulation (GDPR) applies to the processing of personal data. The Coombe Women & Infants University Hospital (CWIUH) is committed to complying with its legal obligations in this regards. The hospital collects and processes your personal data relating to you in order to support our legitimate interests in managing our business and providing services to you.

Information we collect and use:

To allow us to provide our services to you, we collect and process various categories of personal information, which may include:

- Personal details about you, such as date of birth, address, next of kin, contact details.
- Notes and reports about your health needs/results of investigations such as x-rays and laboratory tests.
- Relevant information from other health and social care professionals, your carers or relatives.

Your rights:

You have certain legal rights concerning your information and the manner in which we process it, which includes:

- A right to get access to a copy of your personal information.
- A right to request us to correct inaccurate information or incomplete information.

Disclosing information:

We will only disclose your information to third parties with your consent, however, the law stipulates that in certain circumstances personal information (including health information) may be disclosed, for example, in the case of infectious diseases or child protection.

Research/Clinical Audit:

Anonymised data is used as a basis for clinical audit and for research purposes. The CWIUH is a teaching hospital, we work closely with Trinity College Dublin (TCD) and University College Dublin (UCD). All research projects are approved by the CWIUH Research Ethics Committee.

Your health records may be accessed for screening by authorised researchers to assess if you are suitable for participation in a research project. If your information is selected for use in research you will be contacted to ask for your specific consent in relation to that research.

See our website www.coombe.ie for further information contained in our Privacy Statement including how to apply to access a copy of your medical records.



I have read and understand the nature of the data collected by the Coombe Women & Infants University Hospital, the purposes for which the data may be used, the persons to whom data may be disclosed and my rights in relation to access to and correction of my personal data.

Patient's Signature :

Date:

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