

Maternity Patient Registration Form

Please post this completed form to:

Appointments Office
Coombe Women & Infants University Hospital
Cork Street
Dublin 8
Tel: 01 408 5463/54 | 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 SHREDDED 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

What is your PPS Number?

Clinical Information:

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

D	D	M	M	Y	Y
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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:

D	D	M	M	Y	Y
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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:

D	D	M	M	Y	Y
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Initials:

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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

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):

D	D	M	M	Y	Y
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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:

D	D	M	M	Y	Y
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Data Protection 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 Coombe Women & Infants University Hospital (CWIUH) is concerned to ensure the highest standard of medical care for all its patients. The Hospital's procedures and policies are consistent with Medical Council Guidelines on Ethical Conduct and Behaviour and the privacy principles of the Data Protection Acts 1988—2003.

This leaflet advises you of hospital policies and practices in dealing with your medical information, your rights in relation to access to, correction of such information held.

Nature of data collected, purposes for which data may be used and persons to whom data may be disclosed:

Confidential and personal data is collected from patients in order to advise and provide each patient with the best medical care possible. All information is filed securely and is accessible on a strictly need-to-know basis. Staff employed by the CWIUH are aware of the confidential nature of personal health information and of the serious breach of trust represented by unauthorised access or disclosure to any unauthorised person.

Data will be used to provide clinical care. Anonymised data may also be used as a basis for clinical audit and for research purposes. Data which is used for non-anonymised research purposes will require further consent.

All health professionals involved are ethically and legally bound to treat your information confidentially and with the utmost care. The law stipulates that in certain instances personal information (including health information) may be disclosed, for example in the case of infectious diseases or child protection.

Data Protection Rights (access and correction):

Individuals are entitled on written request to obtain a copy of their personal data and to have inaccuracies amended or erased.



I have read and understand the nature of the data which is 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 and correction of my personal data.

Patient's Signature :

Date:

D	D	M	M	Y	Y
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