

Please post completed form to:
 Appointments Office
 Coombe Women & Infants University
 Hospital
 Cork Street
 Dublin 8



Cork Street, Dublin 8
Telephone (01) 408 5463/64
www.coombe.ie

**Please complete form using
 BLOCK CAPITALS**

Maternity Patient Booking Category & PPS Details:													
Semi Private			Public			PPS Number							
Clinical Information:													
The first day of your last period was (DD/MM/YYYY)			/ /			Have you been a patient of this hospital before?			Yes		No		
If Yes, do you know your Hospital Number			H			What was your address at the time of your last stay at this hospital?							
Would you accept a Blood Transfusion if Medically Required?								Yes		No			
Personal Details:													
Surname													
Current Address:													
First Name				Date of Birth (DD/MM/YYYY)				/ /					
Country of Birth													
Contact Number (Home)			Contact Number (Mobile)										
Marital Status		Single		Married		Separated		Divorced		Widowed		Civil Partnership	
Spoken Language				Religion									
Occupation				Maiden Name (Name before Marriage)									
Next of Kin's Name													
Next of Kin's Address													
Next of Kin's Date of Birth			/ /			Relationship to you							
Next of Kin's Contact Number (Mobile Number)			Next of Kin's Contact Number (Home)										
Have you been ordinarily resident in Ireland for the last year?								Yes		No			

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Private Health Insurance Information (if applicable)							
Health Insurance Company Name		Policy Holder Name					
Plan Type		Policy Number					
Medical Card (Not GP Card) Details (if applicable):							
Medical Card Number		Expiry Date		/	/		
Do you have a Category 2 Letter from the HSE? (if applicable):							
Yes		No		Copy of Letter Attached?	Yes	No	
Do you have a Health Amendment Card? (if applicable):							
Yes		No		Copy of Card Attached?	Yes	No	
General Practitioner's (GP's) Details:							
GP's Name		GP's Contact Number(s)					
GP's Address							
Information Required for Civil Registration (Information regarding Father and Mother of Child):							
Date of Marriage		/	/	Father's Occupation			
Birth Surname of Mother's Mother				Birth Surname of Father's Mother			
Father's PPS Number				Father's Nationality			
Father's Former Name if different from Birth Name							
Do you consent to a TEXT ALERT to your mobile phone number with a reminder of your next hospital appointment?					Yes	No	

Patient's Signature:

All patients attending for Maternity Care
 Please have the following with you on the day of your first hospital/clinic visit
Photographic ID, Utility bill or other proof of address, P60

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

Data Protection Notice

The Coombe Women & Infants University Hospital (CWIUH) is concerned to ensure the highest standard of medical care for all our patients. The Hospitals procedures and policies are consistent with Medical Councils Guidelines on Ethical Conduct and Behaviour and the privacy principles of the Data Protection Acts 1988 – 2003.

This leaflet advises you of the hospital policies and practices in dealing with your medical information and your rights in relation to access to and 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 & 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 may 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.

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 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.

Signature: _____

Date: _____