

## Labor & Delivery Pre-Registration Form

Thank you for pre-registering with Labor & Delivery at Huntington Hospital. We encourage you to pre-register by your 7th month of pregnancy, in order to allow us 2 months for processing prior to your due date.

**Please email the completed form to [LDprereg@huntingtonhospital.com](mailto:LDprereg@huntingtonhospital.com). You can also fax the form to (626) 397-7149.**

You will receive an email confirmation when we receive your email. Pre-registration forms are processed based on expected delivery date. We will email you at your provided email address when your pre-registration has been processed.

If you have any questions please contact the Call Center at (626) 397-5600.

Please bring your drivers license and insurance card with you when you come to Labor & Delivery.

Due Date: \_\_\_\_\_ Obstetrician: \_\_\_\_\_

I'm expecting a  Vaginal delivery  Cesarean section Primary Care MD/Internist/GP: \_\_\_\_\_

Have you ever been a patient at Huntington Hospital?  Yes  No

**LEGAL NAME:** Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Other Names Used/Maiden Name: \_\_\_\_\_

Patient's Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Email address: \_\_\_\_\_

Home address (do not use P.O. Box #) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Contact #: (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Race: \_\_\_\_\_ Ethnicity:  Hispanic  Other Secondary Contact #: (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Legal Marital status:  Married  Single  Registered Domestic Partner  Legally Separated  Divorced  Other: \_\_\_\_\_

**(For Birth Certificate Purposes)**

Primary language(s): \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Patient's employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Employer phone (\_\_\_\_\_) \_\_\_\_\_ Work status:  Full Time  Part Time

Person to Notify/Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact #: (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell Secondary Contact #: (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

**INSURANCE INFORMATION:** \_\_\_\_\_

**PRIMARY INSURANCE PLAN:** \_\_\_\_\_ Ins Phone: (\_\_\_\_\_) \_\_\_\_\_

Subscriber's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Policy ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscribers Home address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Subscriber's employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer address: \_\_\_\_\_ Work status:  Full Time  Part Time  Other \_\_\_\_\_

**SECONDARY INSURANCE PLAN:** \_\_\_\_\_ Ins Phone: (\_\_\_\_\_) \_\_\_\_\_

Subscriber's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Subscriber's Soc. Security #: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Policy ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscribers Home address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Subscriber's employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer address: \_\_\_\_\_ Work status:  Full Time  Part Time  Other \_\_\_\_\_

**ADVANCE DIRECTIVE FOR HEALTH CARE:** \_\_\_\_\_

*Note: if you have an advanced directive, please bring a copy when you arrive at Labor & Delivery.*

**FOR PRE-REGISTRATION QUESTIONS, PLEASE CONTACT THE CALL CENTER: (626) 397-5600**

**EMAIL COMPLETED LABOR & DELIVERY PRE-REGISTRATION FORM TO:** [LDprereg@huntingtonhospital.com](mailto:LDprereg@huntingtonhospital.com) **OR** Fax to: (626) 397-7149