Pre Admission Information

30 days prior to your due date, please go to the Admitting Office at Redlands Community Hospital to sign your consents forms.

Please write legibly your LEGAL NAME as shown on your Drivers License (no nicknames)

EXPECTED DUE DATE ____/____/____ Twins Y/N Surrogate Y/N

Patient Name:____ Date of Birth ____/____/____

Address: _______________________________ City: ______________ State: _____ Zip: __________

Home Phone (_____)___________ Cell Phone (_____)___________ Work Phone (_____)__________

Religious Preference ___________ Affiliated Church ___________ Social Security # ______________

Drivers License# ________________ Email address _______________________________________

Preferred Pharmacy: ______________________ City: __________________ Street: _____________

Single / Married / Divorced / Separated / Widowed Race: ____________ Ethnicity: _______________

(Please circle one)

Primary Physician: _______________ Obstetrician: _________________ Pediatrician: _____________

Employer: ____ Occupation: ____________________

Address: ___________________________ City: _________________ State: _____ Zip: __________

Phone Number: (____) ____________ Part Time OR Full Time ______________

Primary Insurance: ______________________________ Policy#/Member ID# __________________

Group# ____________ Name of Subscriber: _______________________ Relationship____________

Subscribers date of birth: ____/____/____ Subscribers Social Security# __________________

Subscribers Employer: _____________________________ Address: _________________________

Secondary Insurance: ____________________________ Policy# /Member ID# _________________

Group# ____________ Name of Subscriber: _______________________ Relationship____________

Subscribers date of birth: ____/____/____ Subscribers Social Security# __________________

Subscribers Employer: _____________________________ Address: _________________________

Person to make Medical Decisions if you are unable:	**2nd Emergency Contact:**
Name: ____________________________	Name: ____________________________
Address: __________________________	Address: __________________________
___________________________________	___________________________________
Phone# ___________________________	Phone# ___________________________
Relationship to You: ________________	Relationship to You: ________________