Pre Admission Information

30 days prior to your due date, please go to the Admitting Office at Redlands Community Hospital to sign your consent 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:

Name: _____________________________

Address: ____________________________

____

Phone# _____________________________

Relationship to You: ___________________

2nd Emergency Contact:

Name: _____________________________

Address: ____________________________

____

Phone# _____________________________

Relationship to You: ___________________