

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. 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 **OR** Fax to: (626) 397-7149