

North Bay Regional Health Centre

50 College Drive, North Bay Ontario, P1B 5A4

Women and Children's Care Centre Obstetrical Referrals/Resources and Pre-Admission Form

Please be advised that we no longer provide an Antenatal Pre-Admission clinic appointment at 28 weeks gestation of pregnancy.

Your Doctor, Midwife or Nurse Practitioner has provided you with this package of information regarding your pregnancy.

1. Please review the **Referral Section** below and contact appropriate departments as necessary. **Keep this form** (page 1) to refer to phone numbers and QR code for pregnancy resources.
2. Please complete the **Obstetrical Pre-Admission Form** as soon as possible.
 - Deliver by mail: Women and Children's Care Centre, 50 College drive, North Bay, ON P1B 5A4 **OR**
 - If you prefer, you may bring the completed form in person to the Women and Children's Care Centre Registration desk, located on 3rd floor.

If you have any questions about the attached information, please call the Women and Children's Care Centre Registration desk at: **705-474-8600 ext. 4755**

Self-Referrals:

- Do you have an RH negative blood type?** If "yes" your primary care provider will advise you to call to book an appointment for **blood work** as well as your **Rhogam administration** later that day on the Birthing Unit. Please call the Women and Children's Care Centre Registration desk at **705-474-8600 ext. 4755**
- Would you like to speak with our Women and Children Social Worker?** If "yes" please call **705-474-8600 ext. 4793**

Automatic Referrals: (No need to call)

- Are you booked for a Caesarean Section?** If "yes" you will receive a phone call from the Women and Children's Care Centre Registration desk. They will book you an appointment with a Birthing Unit Nurse for pre-op Caesarean Section teaching and bloodwork prior to your Caesarean Section. Please bring your Perinatal records with you.
- Do you take Methadone or Suboxone?** If "yes" please be aware that you will automatically be referred to the Eat Sleep Console (ESC) team by your care provider. If you do not hear back from the ESC team please call **705-474-8600 ext. 4793**

Resources:

- For online information about your pregnancy, labour, birth, postpartum, newborn care and hospital services please access the NBRHC website under **Women and Children/ Birthing Unit Services:**



North Bay Regional Health Centre

Obstetrical Pre-Admission Form

Please complete and return this form as soon as possible. If you have any questions about this form, please call (705) 474-8600 ext. 4755.

Last Name _____

First Name _____

Middle Name _____

Date of Birth Day Month Year			Age	Sex	Marital Status						
					Single	Married	Widow	Divorced	Separated	Common-law	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expected Date of Delivery				Attending Physician/Midwife				Family Physician			
Home address (Street Number OR RR#)					City/Town			Province		Postal Code	
Telephone Numbers											
Home:			Work:				Other:				
Ontario Health Card Number				Version Code		Out of Province Health Number					
Do you have any allergies / medical alerts?											
<input type="checkbox"/> No <input type="checkbox"/> Yes, Identify: _____											
Preferred Language											
Do you have a living will / advanced directive?											
<input type="checkbox"/> No <input type="checkbox"/> Yes, identify: _____											
Do you have organ donation plans?											
<input type="checkbox"/> No <input type="checkbox"/> Yes, identify: _____											
Legal Next of Kin Name					Relationship to yourself						
					<input type="checkbox"/> Spouse		<input type="checkbox"/> Relative		<input type="checkbox"/> Parent		<input type="checkbox"/> Other
Address					Phone Number						
					Home:			Work:			
Person to notify for emergency Name					Relationship to your self						
					<input type="checkbox"/> Spouse		<input type="checkbox"/> Child		<input type="checkbox"/> Relative		
					<input type="checkbox"/> Parent		<input type="checkbox"/> Friend		<input type="checkbox"/> Other		
Address					Phone Number						
					Home:			Work:			
Type of coverage requested upon admission:											
<input type="checkbox"/> Semi Private <input type="checkbox"/> Private <input type="checkbox"/> Ward											
Note: You will be responsible for semi or private room coverage if your insurance does not cover this accommodation request											
*Self-pay patients are required to pay a deposit											
Additional Insurance: If you have semi or private coverage, please complete the following. Note insurance card should be shown on admission.											
Name of Insurance Company				Policy Number			Group Number		Certificate Number		
Whose name is the insurance in (called insurance holder?)				Insurance Holder's Date of Birth:			Day	Month	Year		
Your Relationship to Insurance Holder				Name of Employer of Insurance Holder							
<input type="checkbox"/> Spouse <input type="checkbox"/> Common Law <input type="checkbox"/> Parent <input type="checkbox"/> Other											
Print First and Last name of person responsible for payment of charges not paid by insurance Name						Relationship to yourself					
Address						Phone Numbers:					
						Home:			Work:		

Please return this form as soon as possible by mail **OR** bring to the **Women and Children's Care Centre registration desk**, located on the 3rd floor.