# pre-registration

Please complete this form and return it to Woman & Newborn Services. Also include a copy of your driver's license or other state or federally issued photo I.D. along with a copy of both sides of your insurance card. Call 504-503-5555 if you have any questions. Thank you.

PATIENT INFORMATION						
Last Name		_ First		MI		
OB/GYN Physician			Due Date			
Have you been treated here before? Yes	No	Social Security #				
Home Phone	Cell		Email			
Home Address		City	State _	Zip	)	
Birth Date	_ Race	Religion		Marital Status:	S M D	W
Employer		Employer's Phone		Occupation		
Employer's Address		_ City	State	Zip	D	
Patient Preferred Language						
SPOUSE INFORMATION						
Name		Birth Date				
Home Address		City	State	Zi	р	
Home Phone	Cell Phone		Social Security #			
Employer						
Z.inproyer	:p					
Employer's Address		City	State .	Zip	)	
Insurance Company	٨٨٨	voca		Dhono		
insurance company	Add	Tess		_ Priorie		
Subscriber's Name	Polic	cy # or Medicaid #		_ Group #		
In case of emergency notify	Rela	tionship		Phone		
Signature						
Date						

## birth certificate information

Please complete the following information and return it with your registration form. This will enable us to promptly process the official birth certificate after you deliver your baby. Refer to the information on laws regarding paternity included in this packet.

Child's last name  Street address (If rural indicate location)				Due date	Due date  Is residence inside city limits? (yes/no)			
				Is residence insi				
Usual residence of mother (city, town or location)			Parish	State	Zip Code			
Father's last name		First name	Middle name		City and state of birth	Date of birth		
Mother's maiden na	me	First name	Middle name (at birth	n)	City and state of birth	Date of birth		
Do you want a socia	l security num	ber for this child? ———	(yes/no)	Enroll child in immunization reminder system? ————————————————————————————————————		n?(yes/no)		
Parents of Hispanic origin (if yes, specify Mexican, Puerto Rican, Cuban, etc.)?		can, Cuban, etc.)?	Father		Mother			
Race (specify Black,	White, America	an Indian, etc.) <sup>:</sup>	Father	Mother	Age:Father	Mother		
Education (elementary/secondary 0-12)? Father Mother		Mother	College (1-4 or 5+)Father		Mother			
Pregnancy History:	Live births (	do not include this child)	Now living	(specify zero if none	)			
	Now dead (	specify zero if none)	Date of las	t live birth (month, ye	ear)			
	Other termi	nations or miscarriages- s	pontaneous or induced at a	ny time after concep	tion (specify zero if none)			
	Date of last	other termination or misc	arriage (month, year)					
Mother married? ye	es/no (at birth,	conception or anytime b	etween)	Date of divorce if mo	re than 10 months			
Date last normal me	enstrual cycle b	egan (month, day, year) _		Month prenatal care	began (first, second, third, etc	c.)		
Tobacco use during	pregnancy?	(yes/no)	Average number of cigarett	es per day	_			
Alcohol used during	pregnancy?	(yes/no)	Average number of drinks p	er week				
Mother's height?	ft	in	Pre-pregnancy weight?	lbs				
Are you planning to	o Breast or Fo	rmula feed?	Are you curr	ently enrolled in WI	C? (yes/no)	_		
Mother's phone nun	nber		Mother's social secur	ity number				
Father's phone num	ber		Father's social securit	y number				
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## paternity information

This is to advise all expecting parents of current procedures for completing your child's birth certificate according to Louisiana State Law. If you have any questions regarding this information, please call the Birth Certificate Office at 504-503-5031.

## For legally married couples:

Both parents need not be present for the birth certificate to be completed. Either the mother or the father may give the information and sign the birth certificate.

## For couples who are not legally married:

It is at the mother's discretion whether or not to put the name of the father on the birth certificate. If she chooses to put the father on the birth certificate, both mother and father of the baby need to be present to complete the baby's birth certificate. Both parents will have to sign paternity papers stating the father is the biological father of the baby. Both parents' names will appear on the birth certificate and both parents will have to sign the birth certificate. All fathers must bring a current picture ID (e.g. driver's license or other state or federally issued photo ID) and a current insurance card if they have health coverage. All paperwork for the baby's birth certificate must be done by the time the mother is discharged from the hospital. If the father of the baby is not able to come to the hospital to sign the paperwork, he will not be able to be on the birth certificate, and therefore, the baby will go under the mother's name only. The father may be added later through the State of Louisiana Office of Vital Statistics at the parent's expense. If the mother chooses not to put the father on the birth certificate, her name only will be listed. The baby will have the mother's last name, and the mother will be the only one to sign.

## For the mother who is separated, divorced or married to someone other than the biological father:

Mothers who were married to someone other than the biological father when the child was conceived or born or were divorced for less than 300 days when the child was born, must abide by the above standards for couples who are not legally married and must also provide the husband/ex-husband's name and address. The husband/ex-husband must also come to the hospital before the mother is discharged to sign a paternity paper disavowing the baby. By Louisiana state law, the husband/ex-husband of the mother must appear on the birth certificate unless these papers are completed and signed by the husband/ex-husband. Once the husband/ex-husband signs the papers stating that he is not the father of the child, the biological father's name may then be on the birth certificate.



## Check off items as you get them packed!

#### Mom's Needs:

- □ Photo ID
- Insurance Card
- Cell Phone & Charger
- Camera & Batteries/Charger
- Toiletries: toothbrush, toothpaste, deodorant, shampoo/conditioner, contact lens solution, lip balm, hair brush, hair clips/ties, glasses, makeup
- Hair Appliances: dryer, flat iron, etc
- Change of Clothes including a going home outfit.
   Loose fitting, comfortable clothes are best
- □ Robe
- Slippers/Socks
- Nursing Bra, Nursing Pads, Maternity Underwear
- Pillow from Home for Comfort: Suggested to use a patterned or colored pillowcase to prevent being mixed up with hospital pillows
- Snacks for Your Partner and You for After Delivery
- Change for the Vending Machine

#### What the Hospital Provides for Mom:

- Hospital Gowns
- Disposable Mesh Panties
- Large Peripads (Sanitary Napkins): Optional to bring a few smaller sized ones. Also be sure to have a supply for when you return home!
- Periwash Spray Bottle
- Dermoplast Spray (Local Anesthetic Spray for After Vaginal Delivery)
- Tucks Pads (For Hemorrhoids)
- Lanolin Sample Packets for Tender Breasts/
   Nipples when Breastfeeding
- Towels and Washcloths: Hospital towels are approximately 18"x36" in size. You are welcome to bring your own full sized towel if you prefer.

## Baby's Needs:

- Going Home Outfit: including a receiving blanket and cap if weather is cool
- Pair of Socks or Booties
- Rear-Facing, Infant Car Seat Already Installed in Vehicle

## What the Hospital Provides for Baby:

- Diapers: Pampers Newborn Swaddlers
- Wipes
- Newborn Hat
- Long-Sleeved, Snap Button T-Shirt
- Swaddling Blanket
- Johnson & Johnson Baby Wash (For first bath)
- Hair Comb

## What Not To Bring:

- Jewelry
- Lots of Cash, Credit Cards or Any Other Valuables If you do arrive to the hospital with anything of value, our Security Department is able to keep it locked up in the hospital safe.

