Halton Healthcare

MATERNAL CONFIDENTIAL ADMISSION FORM

Accommodation requests will be based on availability at the time of admission

Please complete and return WHITE copy to the Maternal Child Unit of the hospital where you are having your baby.

- ❒ **Georgetown Hospital** 1 Princess Anne Dr., Georgetown, ON L7G 2B8
- ❒ **Milton District Hospital** 725 Bronte Street S., Milton, ON L9T 9K1Cp
- ❒ **Oakville Trafalgar Memorial Hospital** 3001 Hospital Gate, Oakville, ON L6M 0L8

Have you received any treatment in this hospital before? ❒ Yes ❒ No	Has your name changed since your previous visit? ❒ Yes ❒ No If "Yes", please indicate previous name: _____

Expected Due Date	Allergies	Attending Physician/Midwife – Last Name	First Name

Mom - Family Physician – Last Name	First Name	Address	Phone Number

Baby – Physician – Last Name	First Name	Address	Phone Number

Patient Information			**Partner or Next-of-Kin Information**		
Patient Surname	Given Name(s)		Surname	Given Name(s)	
Date of Birth	Sex	Marital Status ❒ Single ❒ Separated ❒ Married ❒ Divorced ❒ Widowed ❒ Common-Law	Address		
Address			City	Province	Postal Code
City	Province	Postal Code	Home Phone	Business Phone	
Home Phone	Business Phone		Relation to Patient		

Employer Name and Address

Preferred Language	Religion

Hospital and Medical Insurances

Health Card Number (10 digits)	Version Letters on Health Card	Surname and Initials as Shown on the Health Card

Accommodation	**Coverage**
❒ Ward	❒ I do not have insurance coverage. Please bill me directly.
❒ Semi Private	❒ I have some coverage. Please bill my insurance company and bill me for any remaining balances.
❒ Private	❒ I have full coverage. Please bill my insurance company directly.

All self-pay accounts should be paid upon discharge.

Extended Healthcare Benefit Insurance Information and Coverage

Name of Insurance Company

Surname and Given Name of Certificate Holder (as registered with insurance company)	Patient Relation to Insurance Holder ❒ Holder ❒ Child ❒ Spouse

Group Policy Number	Identification or Certificate Number	Certificate Holder's Date of Birth

Employer Name	Employer's Address	Employer's Phone #

1) I understand it is my responsibility to verify my insurance coverage

2) We would like to receive feedback on your hospital stay so that we can improve our care. NRC Health is a national survey organization that may send you a confidential patient experience survey, if you are randomly selected. Signing below provides consent to Halton Healthcare to share your email with NRC Health only.

❒ I Hereby Consent - Email address:_____ ❒ I Do Not Consent

Signature of Patient: _____ Signature of Registration Clerk: _____ Date: _____

For enquiries, please call Maternal/Newborn Admitting at: GH: 905-873-0111 ext 8501 / MDH: 905-878-2383 ext 7017 / OTMH: 905-338-4670

Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

HOSPITAL RATE SCHEDULE – UNINSURED PATIENTS

Effective 1 December 2017

Rates for Uninsured Patients*		
INPATIENT DAILY CHARGES	Standard Ward Acute Care, Rehabilitation, Chronic	$2,800
	Newborn	$1,600
	Intensive Care Unit (ICU)	$4,200 Oakville (OTMH) $4,200 Milton (MDH)
	Close Observation Unit (COU)	$3,500 Georgetown (GDH)
	Special Care Nursery (SCN)	$2,400
OUTPATIENT CHARGES	Emergency Visit	$700 + $200 Physician Fee
	Ambulance Fee	$240
	Outpatient Clinic Visit Rate does not include treatments, drugs, test etc.	$700
	Specialized Clinics (for example Oncology, Renal Dialysis)	BY QUOTE *Contact Finance* *(accountsreceivable@haltonhealthcare.com or 905-338-4640)*

**** Hospital charges do not include physician fees which are billed separately***

COST OF SURGERY By Quote

Contact Finance (accountsreceivable@haltonhealthcare.com or 905-338-4640) to obtain a quotation.

DAILY RATES FOR PREFERRED ACCOMMODATION

Acute Semi-Private	$250.00	Chronic Semi-Private	$ 45.00
Acute Private	$290.00	Chronic Private	$ 65.00

COST OF APPLIANCES (e.g., crutches, casts, etc.) and DIAGNOSTIC IMAGING (e.g. Xray, etc) is an additional charge.

PLEASE NOTE:
Prices may change without advance notice.

Hospital charges do not include physician fees which are billed separately

Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

Maternal Child Program

Recording Your Baby's Movements: Kick Counts

An important way to monitor your baby's health during pregnancy is to be aware of his or her movements. Your baby will have times of activity and times of rest each day. You may be asked to help monitor your baby's health by counting his or her movements.

- Choose a time of time when your baby is normally active
- Get into a comfortable position
- Concentrate on your baby's activity
- Use the chart on the front and back of this sheet to record movements
- Record the date, the start and the stop times
- Check the box when you feel a movement
- Keep counting until you feel 6 movements (your baby should move at least 6 times in 2 hours)
- Contact the hospital where you plan to give birth if 2 hours pass without you feeling 6 movements

My doctor: _____ **My doctor's phone number:** _____

Georgetown Hospital	**Oakville Trafalgar Memorial Hospital**	**Milton District Hospital**
905-873-0111 x8245	905-338-4688	905-876-7030

Date	Start Time	Movements						Stop Time
May 7	1:00 p.m.	✓	✓	✓	✓	✓	✓	3:00 p.m.

H3620

If you have your own medication list with you, you do not have to fill out this form.

Halton Healthcare
GEORGETOWN • MILTON • OAKVILLE

Patient / Family-Recorded Home Medication List

Date Recorded: _____

Pharmacy name and phone number:
Allergies (Describe Reaction): ❒ No Known Allergies

Currently Taking Medications / Supplements at Home?
❒ No ❒ Unknown

Medication Name	Dose or Strength	When do you take your medications? A.M.	Noon	P.M.	Bedtime	Other	As Needed

H3760-MED

COMPLETED BY: ❒ Patient ❒ Family ❒ Health Care Professional

Help Us Keep You Safe – Know Your Medications!

See over →

OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL

Many options to meet your parking needs

Daily Parking Rates

Each Half Hour (or portion thereof)	$3.50
Daily Maximum (2 hours & over)	$17.50

- » 15 minute grace period for drop off & pick up.
- » Please insert your ticket at the exit gate (not the parking pay machine).

Consecutive Day Passes

Valid for daily use from date of purchase

Daily	$23.25
Weekly	$50.00
Monthly	$90.00

PURCHASE THESE PASSES:
- » From a parking payment machine.
- » Cash and credit card only.

Value Passes

Valid for non-consecutive use
Expires 1 year from date of purchase

5	10	30	100
$43.75	$75.00	$175.00	$225.00

PURCHASE THESE PASSES:
- » From the cashier in the main lobby.
- » Monday to Friday: 8 am — 8 pm
- » Saturday/Sunday: 11 am — 3 pm
- » Cash, debit and credit card accepted.

Upgrade to Ten days [illegible]