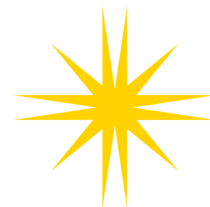


your **new arrival** at Burnside



THIS SECTION IS ONLY REQUIRED TO BE COMPLETED BY MATERNITY SERVICE PATIENTS AT TOORAK GARDENS

Please ensure you follow these instructions carefully to avoid delays in processing your admission and booking your birth at Burnside Hospital.

Completing and submitting your forms correctly will help us provide the best possible care for you and your baby.

- **Section B must be completed and returned as soon as possible** so we can confirm your admission and book your birth at Burnside Hospital.
- Complete Section C using a black or blue pen and **return it to Burnside Hospital in the 34th week of your pregnancy.**
- **Do not submit Section C together with Section B** (Patient Admission Form).

Please return your completed Section C, remembering to do this in the 34th week of your pregnancy to:

Toorak Gardens

Reply Paid 64813
Admissions Office
Burnside Hospital - Toorak Gardens
120 Kensington Road
Toorak Gardens, SA 5065

Please allow for any postal delays
and note that a stamp is not required.

Need Help? For any questions, please contact your admitting Obstetrician or the Burnside Hospital Maternity Unit on (08) 8202 7219 or via email at maternity@burnsidehospital.asn.au



Did you know this form is available online?

If you submitted your patient admission form online, simply scan the QR code to resume and complete your electronic admission. Alternatively, you can fill out a hard copy and return it to us.

Maternity Patient Health Assessment

Your surname:

Your baby's
due date:

Your first name:

Your date
of birth:

Your obstetrician's full name:

Height:

Weight:

BMI (at 34 weeks):

The Hospital can assist you
to calculate if necessary

cm

kg

Please tick the appropriate box and add further information in the column on the right

MEDICAL HISTORY

During your pregnancy have you:	No	Yes
Been generally well?	<input type="checkbox"/>	<input type="checkbox"/>
Had any bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
Had any high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Developed gestational diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Had any of the following tests performed?	No	Yes
Ultrasound If yes, please detail how many? If 2+, why?	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic CT Scan / X-rays	<input type="checkbox"/>	<input type="checkbox"/>
Amniocentesis	<input type="checkbox"/>	<input type="checkbox"/>
Blood screening test for congenital abnormalities? (e.g. Down Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>
Chorionic Villus Sampling	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS INFANT FEEDING EXPERIENCES

Baby	Formula	Breastfed	If breastfed, how long for?	Any previous feeding issues / concerns?
1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>		

LABOUR AND POST-NATAL INFORMATION

	No	Yes
Have you attended Burnside Hospital education classes for this pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a support person?	<input type="checkbox"/>	<input type="checkbox"/>
Do you intend to breastfeed your baby?	<input type="checkbox"/>	<input type="checkbox"/>





**BURNSIDE
HOSPITAL**

Exceptional care, always.

120 Kensington Road, Toorak Gardens SA 5065
32 Payneham Road, Stepney SA 5069
(08) 8202 7222 | burnsidehospital.asn.au