

## SECTION C:



BURNSIDE  
HOSPITAL



### MATERNITY SERVICE PATIENTS ONLY

*Please complete SECTION C and return to Burnside Hospital  
in the 34th WEEK of your pregnancy.*

It is vital that you **do not** return it with Section B - Patient Admission Form  
This information is CONFIDENTIAL and will assist medical and midwifery staff in  
planning and providing your care. Please complete by answering the questions or  
ticking the appropriate box. Any queries? Contact your admitting Obstetrician or the  
Maternity Unit on 8202 7219

**For further information please contact the  
Burnside War Memorial Hospital Inc.**

120 Kensington Road  
Toorak Gardens SA 5065  
Telephone: (08) 8202 7222  
Facsimile: (08) 8202 7237 / 1800 679 707  
email: [admissions@burnsidehospital.asn.au](mailto:admissions@burnsidehospital.asn.au)  
[www.burnsidehospital.asn.au](http://www.burnsidehospital.asn.au)

*Please address the envelope to:*

REPLY PAID 64813  
MATERNITY UNIT  
BURNSIDE WAR MEMORIAL HOSPITAL  
120 KENSINGTON ROAD  
TOORAK GARDENS SA 5065

NO  
STAMP  
REQUIRED

## Health Assessment – Part 2 (Maternity Service patients only)

Surname: .....

Baby's Due Date:     /     / 20

Given Names: .....

Your Date of Birth:     /     / 19

What will be your baby's Surname: .....

Admitting Obstetrician's Name: .....

### Medical History

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

During your pregnancy have you:

Been generally well?	No	Yes	Details:
Had any bleeding?	No	Yes	Details:
Had any high blood pressure?	No	Yes	Details:
Developed gestational diabetes?	No	Yes	Details:

Had any of the following tests performed:

Ultrasound	No	Yes	If "Yes", how many? If more than 2 why?
Pelvic CT Scan / X-rays?	No	Yes	
Amniocentesis?	No	Yes	
Blood Screening test for congenital abnormalities? (eg. Down Syndrome)	No	Yes	
Chorionic Villus Sampling?	No	Yes	

### Previous Infant Feeding Experiences

Baby No.	Type of Feeding: <i>Breast or Bottle</i>	If breastfed, for how long?	Any breastfeeding problems?
1.	<i>Breast or Bottle</i>		
2.	<i>Breast or Bottle</i>		
3.	<i>Breast or Bottle</i>		
4.	<i>Breast or Bottle</i>		

### Labour and Post-natal Information

Have you attended antenatal classes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Which:
Do you have a support person? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of support person:
Do you intend to breastfeed your baby? <input type="checkbox"/> No <input type="checkbox"/> Yes	

## Birth Plans

Please feel free to complete this section if you have any preferences for labour and delivery. Please consider issues like pain relief, activity, etc.

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*If you wish to add any extra information, please attach a separate sheet.*

I DO / DO NOT consent to Burnside Hospital providing my baby's umbilical cord tissue (which is normally discarded with the placenta) to the Hansen Centre for Cancer Research to conduct research into how new blood vessels form and function.

**I have completed and understood the details included in this Patient Admission Form.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**TO BE COMPLETED BY REGISTERED MIDWIFE**

Comments:

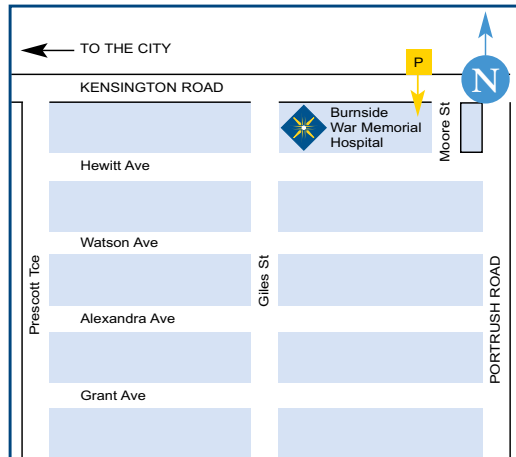
RM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RM (Print Name): \_\_\_\_\_



**Notes:**

Where to find us:



Buses numbered 141 and 142 from North Terrace, Adelaide stops directly in front of the hospital on Kensington Road at Stop 6.

**This is a non-smoking hospital**

Burnside Hospital is accredited by the Australian Council on Healthcare Standards, meaning that we continue to meet national standards of excellence in health care. This assures our patients that our care and services are of the best possible standard.

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