



Helensville Birthing Centre

TE PUNA WHANAU KI TE AWAROA

PART 1: Booking

Patient to complete

Surname _____

Given names _____

Preferred name _____

Date of birth / / _____

Gender: female _____

NHI _____

Ethnicity _____

Physical address _____

Postal address _____

Telephone numbers:

Home _____

Work _____

Mobile _____

Preferred contact _____

Address _____

Phone (home) _____

Phone (work) _____

Mobile _____

Relationship _____

Alternative contact _____

Address _____

Phone (home) _____

Phone (work) _____

Mobile _____

Relationship _____

Who referred you to the Helensville Birthing Centre? _____

Who is your Lead Maternity Carer? _____

Phone _____

When are you due? (EDD) / / _____

Will you deliver here or transfer to here? (please tick)

Birth and post-natal

Post-natal only

Estimated length of stay in post-natal period (please tick)

Up to 12 hours

12 – 24 hours

24 – 48 hours

Do you have any medication or food allergies and /or special nutritional requirements?

I understand:

- that the Helensville Birthing Centre is for low risk patients. In the event of any complications arising, I will be transferred from the centre or remain at the delivering hospital.
- if at the time of my requested admission to the Helensville Birthing Centre there are no beds available, my transfer will be regrettably declined.
- it is the policy of the centre to resuscitate all patients.

Patient name _____

Signed _____

Date _____

Please get your Lead Maternity Carer to complete Part 2 – Booking, overleaf and post to: PO Box 13, Helensville 0840.

Thank you

PART 2: Booking

Lead Maternity Carer (LMC) to complete

Will you be visiting your patient in the centre?

YES NO

If no, would you like a local midwife to do the post-natal checks while at Helensville Birthing Centre?

YES NO

Gravida _____ Parity _____

What is your patient's Hepatitis B status?

LMC name

Signature

Date

PART 3: Admission

LMC / post-natal staff to complete

Date and time of arrival

Allergies

Birth and / or post-natal

Comments eg. NVD

PART 4: Discharge

LMC / post-natal staff to complete

Date and time of discharge

Destination

Comments



Helensville
Birthing Centre

TE PUNA WHANAU KI TE AWAROA

53–65 Commercial Road, Helensville
PO Box 13, Helensville 0840

Phone: (09) 420 8747

Fax: (09) 420 7870

Email: awright@helensvillehealth.co.nz

Web: www.birthcentre.co.nz

Manager: Charm Torrance

Email: ctorrance@helensvillehealth.co.nz

It is our aim to:

- Provide the best possible inpatient care for you and your family
- Assist you to establish breastfeeding
- Ensure you get as much rest as possible
- Support you in bonding with your new family member
- Help you to learn parentcraft.



Helensville
District Health Trust

Putting local health first • Te hau ora tua-tahi o awaroa

The Helensville Birthing Centre is owned by the Helensville District Health Trust, established in 1989 to ensure facilities are available in Helensville for community health services.



Helensville
Birthing Centre

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Booking /
admission form