

Thank you for choosing Helensville Birthing Centre

Your Booking Form Checklist

All areas, on both pages, filled out, including...

When are you due? (EDD)

Signed by you

Signed by your midwife

(Your midwife must have a current access agreement with HBC)

NB. Your booking can not be processed without the above information
Please send both pages together (not separately on different days)

Send by post, fax or email...

Post - PO Box 13, Helensville 0840

Fax - 09 420 7870

Email – bookings@helensvillebirthingcentre.co.nz

Thank you



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 _____

Your ethnicity _____

Baby's ethnicity _____

Physical address _____

Postal address _____

Telephone numbers:

Home _____

Mobile _____

Email _____

Preferred contact _____

Address _____

Phone (home) _____

Mobile _____

Relationship _____

Alternative contact _____

Address _____

Phone (home) _____

Mobile _____

Relationship _____

Have you booked or stayed at the Helensville Birthing Centre before? Yes No

How did you hear about 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

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.
- in certain circumstances the Helensville Birthing Centre may be legally required to provide some of this information to authorised government agencies.

Patient name _____

Signed _____

Date _____

Your LMC must have a current Access Agreement with the Helensville Birthing Centre before this booking can be confirmed.

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?

Is she eligible for free maternity care?

YES NO

LMC name and designation

Signature

Date



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: Michelle Nasey

Email: clinicalmanager@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.

SEPT 2015



Helensville
Birthing Centre

TE PUNA WHANAU KI TE AWAROA

Booking /
admission form