

#### TE PUNA WHĀNAU KI TE AWAROA

Surname	
Given names	
Preferred name	
Date of birth /	/
Gender	
NHI	
Address	
Phone	Postcode
Email	
Alternative contact 1	
Name	
Relationship	
Phone	
Alternative contact 2	
Name	
Relationship	
Phone	

Your ethnicity:	You	Your baby
Māori		
NZ European		
Cook Islands Māori		
Samoan		
Tongan		
Niuean		
European		
Chinese		
Indian		
Your baby When are you due? (EDD	) /	/
Will you birth here or trar		
Birth and post-natal	O Post-	natal only
Do you have any food alle	rgies and/or s	pecial diet requirements?
Allergies		
Special diet		
Have you booked or stay Helensville Birthing Centi		O Yes O No
How did you hear about	the Helensville	e Birthing Centre?

one
nderstand:
that the Helensville Birthing Centre is for low risk birthing people. In the event of any complications arising, I will be transferred from the centre or remain at the hospital.
if at the time of my requested admission to the Helensville Birthing Centre there are no beds available my transfer will be regretfully declined.
that at the time of my admission, my LMC must have a current Access Agreement with the Helensville Birthing Centre.
in the event of emergencies arising treatment will be commenced and I will be transferred to hospital.

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

Completed by client (name)	
Signed	
Date	

Please ensure your LMC completes page 2 overleaf, then *either...* 

email to bookings@helensvillebirthingcentre.co.nz
post to PO Box 13, Helensville 0840

Thank you

# Lead Maternity Carer (LMC) to complete Client name NHI Gravida Parity Alerts eq. Hepatitis B, MRSA... Is your client eligible for free maternity care? Will you be visiting your client in the centre? ...if No, would you like a local midwife to provide daily postnatal visits? I have a current Access Agreement with Helensville Birthing Centre Your ACCESS AGREEMENT needs to be current on the day of your client's admission to Helensville **Birthing Centre** LMC name and designation... Signature

Date



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## www.birthcentre.co.nz

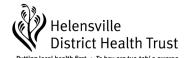
Phone (09) 420 8747 or email bookings@helensvillebirthingcentre.co.nz for all administration enquiries and bookings

Helensville Birthing Centre 53-65 Commercial Rd, Helensville PO Box 13, Helensville 0840

Manager: Michelle Nasey manager@helensvillebirthingcentre.co.nz

### It is our aim to:

- Provide the best possible care for you and your family
- Support you with breastfeeding
- Ensure you get as much rest as possible
- Support you in bonding with your new family member
- Provide ongoing support for families in the South Kaipara area



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.

# Booking / admission form

