Lead Maternity Carer (LMC) to complete

Client name

NHI

Gravida Parity

Alerts eg. Hepatitis B, MRSA…

Is your client eligible for free maternity care?

◯ Yes ◯ No

Will you be visiting your client in the centre?

◯ Yes ◯ No

...if No, would you like a local midwife to provide daily postnatal visits?

◯ Yes ◯ No

I have a current Access Agreement with Helensville Birthing Centre

◯ Yes ◯ No

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

Helensville Birthing Centre

TE PUNA WHĀNAU KI TE AWAROA

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: Renee Blair
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

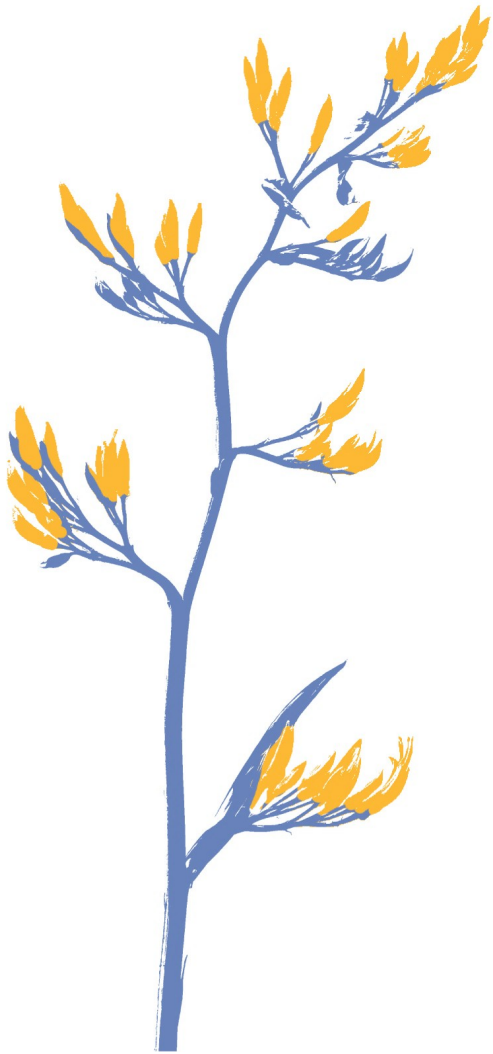
Helensville District Health Trust

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.

MAY 2023

Booking / admission form



Helensville Birthing Centre

TE PUNA WHĀNAU KI TE AWAROA

Helensville Birthing Centre

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	◯	◯

◯ Other *(please specify below for yourself and your baby eg. Dutch, Tokelauan)*

You

Your baby

When are you due? (EDD) / /

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

◯ Birth and post-natal ◯ Post-natal only

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

Allergies

Special diet

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 (LMC)?

Phone

I understand:

- 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