CEDARS-SINAI

PRE-ADMISSION FORM

PATIENT INFORMATION *(Please keep this info sheet for your reference)*

Congratulations on your pregnancy! We are looking forward to being a part of your birth experience. Thank you for choosing Cedars-Sinai.

HOSPITAL ADMISSION

All patients are required to submit a copy of their driver's license or other legal government-issued photo I.D. with this pre-admission form. It will also be required at the time of admission to Cedars-Sinai.

Additionally, *all insured* patients are required to submit a copy of their medical and pharmacy insurance (front and back) with this pre-admission form. It will also be required at the time of admission to Cedars-Sinai.

Upon receipt of your pre-admission form, you will receive an acknowledgment via email or regular mail if an email address is not provided on the pre-admission form.

Once pre-registration is completed, a confirmation will be sent to you via email or regular mail. **You should receive confirmation that you are pre-registered 60-90 days prior to your due date. Please contact Cedars-Sinai Pre-Admission Office at (310) 967-8595 if you have not received confirmation 60 days prior to your due date, or have financial questions.**

MATERNITY TOUR

We invite expectant parents to take a complimentary tour of Cedars-Sinai's maternity unit. Our tour offers you an opportunity to become acquainted with our space, services, and staff. Advance registration is required and can be completed online at cedars-sinai.edu/prenatal. ***All Cedars-Sinai Childbirth Class Series include a tour.***

CHILDBIRTH AND PARENTING EDUCATION

Our education program offers a wide variety of informative and engaging opportunities to learn! For more information on our childbirth and parenting classes or to register, please visit cedars-sinai.edu/prenatal. If you have further questions, you can reach out to the Childbirth and Parenting Education Office M-F from 10:00am-6:00pm at (310) 423-5168. Due to high demand, we encourage you to sign up early. Plan to enroll in the fifth month of pregnancy, and attend class in the seventh or eighth month of pregnancy.

PATERNITY DECLARATION

California law requires that unmarried mothers sign a Declaration of Paternity along with the biological father if they wish their names to appear on the birth certificates. The declaration may be signed within five days of the child's birth and turned in with the birth facts worksheet. Additional information may be obtained from the Birth Records Department: (310) 423-3303.

The Nesting Spot

We are excited to offer you the opportunity to connect and gain additional support on your journey into parenthood. As you prepare for childbirth and caring for your baby, you are invited to receive weekly emails with customized information, news and resources tailored to your specific stage of pregnancy. All of this is emailed to you each week for free!

To learn more and sign up, visit cedars-sinai.edu/parents.

PARKING

When coming to the hospital, if you're able to walk, park on the Mezzanine level of the North Tower (P1), and go to the 3rd floor Labor and Delivery Unit.

Cedars-Sinai Medical Center's campus is located at 8700 Beverly Boulevard in Los Angeles. It is bordered to the east by San Vicente Boulevard, to the south by Third Street, and to the west by Robertson Boulevard.

From the Santa Monica Freeway (10), exit at La Cienega Boulevard. Proceed north to the Medical Center, just north of Third Street. **From the Hollywood Freeway (101)**, exit at Highland Avenue. Proceed south to Beverly Boulevard. Turn right and proceed to the Medical Center at San Vicente Boulevard. Turn left.

PRE-ADMISSION FORM

PATIENT INFORMATION

Legal Name:

Birthdate: Birthplace:

Street Address: Apt:

City: State: Zip:

Telephone: Cell: Email:

Full Social Security Number: Driver's License or ID Number:

Marital Status:

- ☐ Legally Married
- ☐ Single
- ☐ Legally Divorced
- ☐ Widowed
- ☐ Legally Separated
- ☐ State Registered Domestic Partner

Ethnicity:

- ☐ Hispanic
- ☐ Non-Hispanic

Race:

- ☐ Caucasian
- ☐ Black
- ☐ Asian/Pacific Islander
- ☐ Native American/Eskimo/Aleut
- ☐ Other

Language:

- ☐ English
- ☐ Other:

Interpreter Needed:

- ☐ Yes
- ☐ No

Maiden Name: Mother's Maiden Name:

Religious Preference:

Estimated Date of Delivery: Multiple Pregnancy: ☐ Yes ☐ No Last Menstrual Period:

Adopt/Surrogate: ☐ Yes ☐ No Your Obstetrician/Midwife's Name:

Your Primary Care Physician:

Your Newborn's Pediatrician:

Have you ever been a patient at this hospital before? ☐ Yes ☐ No If yes, when?

Under what name(s)?

Pharmacy Preference: Pharmacy Phone:

Address:

PATIENT EMPLOYMENT INFORMATION

Occupation: Employer Name:

Employer Street Address:

City: State: Zip:

Telephone:

SPOUSE/PARTNER INFORMATION

Name:

Full Social Security Number:

Birthdate: Birthplace:

Occupation: Employer Name:

Employer Street Address:

City: State: Zip:

Telephone: Cell:

PRE-ADMISSION FORM (CONTINUED)

EMERGENCY NOTIFICATION

Name: Relationship to Patient:
Street Address: Apt:
City: State: Zip:
Telephone (day): Telephone (night):

2ND EMERGENCY CONTACT (NOT LIVING AT HOME)

Name: Relationship to Patient:
Street Address: Apt:
City: State: Zip:
Telephone (day): Telephone (night):

INSURANCE INFORMATION

Name of Insurance Company or Administrator:
Address: City:
State: Zip: Telephone:
Name of Insured Person: Relationship to Patient:
Full Social Security Number: Policy Group Number:
Insured's Policy Number: Insured's Date of Birth:
Effective Date:

SECONDARY INSURANCE INFORMATION

Name of Insurance Company or Administrator:
Address: City:
State: Zip: Telephone:
Name of Insured Person: Relationship to Patient:
Full Social Security Number: Policy Group Number:
Insured's Policy Number: Insured's Date of Birth:
Effective Date:

I certify that the above information is correct and accurate to the best of my knowledge.

Patient Signature: Date:

Once this form is completed, please include a copy of your government-issued photo ID and insurance cards and mail it in the pre-paid envelope.