



## MATERNITY ADMISSION INFORMATION

FULL LEGAL NAME:			
PREVIOUS NAME:		DATE OF BIRTH (d/m/y):	
PERSONAL HEALTH NUMBER (CARE CARD#):			
FAMILY PHYSICIAN:		MATERNITY PHYSICIAN/MIDWIFE:	
MATERNITY DUE DATE (d/m/y):			
PLANNED SITE OF BIRTH:		IF AT HOME, PLANNED BACK-UP HOSPITAL:	
<input type="checkbox"/> VGH <input type="checkbox"/> SPH <input type="checkbox"/> LADY MINTO <input type="checkbox"/> HOME		<input type="checkbox"/> VGH <input type="checkbox"/> SPH <input type="checkbox"/> LADY MINTO	
CURRENT RESIDENTIAL AND MAILING ADDRESS:			
STREET:		BOX/RR#:	
CITY:		PROVINCE:	POSTAL CODE:
PHONE HOME:	PHONE WORK:	CELL PHONE:	LENGTH OF RESIDENCE:
LOCAL ADDRESS IF OUT OF COUNTRY/PROVINCE:		PHONE:	
PREVIOUS RESIDENTIAL ADDRESS IF AT CURRENT LESS THAN 6 MONTHS:		LENGTH OF RESIDENCE (6 MONTHS TOTAL RES. REQUIRED)	
NEXT OF KIN:	RELATIONSHIP:	NAME:	
ADDRESS:		CITY:	PROV:
PHONE HOME:	PHONE WORK:	CELL PHONE:	
EMERGENCY CONTACT PERSON:	RELATIONSHIP:	NAME:	
ADDRESS:		CITY:	PROV:
PHONE HOME:	PHONE WORK:	CELL PHONE:	
HOW LONG HAVE YOU LIVED IN B.C.:			
ARE YOU CANADIAN CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NOT ARE YOU: <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> ON VISA (TYPE: WORK, TRAVEL, STUDENT, ETC)			
PHOTOCOPY REQUIRED IF LESS THAN 1 Year PHOTOCOPY REQUIRED			
<b>ADMISSION INFORMATION - PLEASE RETURN TO:</b> Admitting Department Victoria General Hospital 1 Hospital Way, Victoria, B.C. V6Z 6R5 Phone 250-727-4158   Fax: 250-727-4032			

Are you interested in requesting a private room?  Yes  
 A private room costs \$195/day (these are 2010 rates and are subject to change).  
 Most Extended Health Plans cover some or all of the cost.  
 By answering "yes" you are giving VIHA permission to call you regarding the Preferred Accommodation Program.