Scripps

MATERNITY PRE-ADMISSION INFORMATION
Please print clearly and complete all information requested

PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY:

PATIENT

PATIENT INFORMATION

Have you ever been a patient at this hospital? ☐ Yes ☐ No

If yes, what year? _____ Under what name? _____

Patient's name: _____ E-mail address: _____

Address _____ Phone No. (____) _____

City _____ State _____ Zip _____

Marital Status _____ Patient's SS# _____-_____-_____ Birth Date _____

Patient's Maiden Name _____ Race _____ Language preferred to receive medical information _____

Religious Preference _____ Hispanic? Yes/No _____

Expected Delivery Date _____

PHYSICIAN

Obstetrician _____ Pediatrician _____ Primary Care Provider _____

Employer _____ Employer Address _____

Work Phone # (____) _____ ext._____ Full or Part Time _____ Occupation _____

SPOUSE OR EMERGENCY CONTACT

(Someone inside the home)

Full Name _____ Relation _____

Home Phone #(____) _____ Work Phone # (____) _____

Employer _____

SS# _____-_____-_____ Birth Date _____

DUE DATE

NEAREST RELATIVE OR FRIEND

(Someone outside the home)

Full Name _____ Relation _____

Address _____

Home Phone # (____) _____ Work Phone # (____) _____ ext._____

INSURANCE INFORMATION

Cash Pay ☐ Yes ☐ No Medical Insurance ☐

NOTE: PLEASE ENCLOSE COPIES OF THE FRONT AND BACK OF YOUR INSURANCE CARD(S). List _____

Signature _____ Date _____

Please enclose a copy of insurance card, front and back. For cash accounts and/or to make arrangements for deductables or co-pays, contact (858) 626-7608.

Please bring completed Patient Profile when you come to the hospital for delivery. Do not enclose with this return form.

Re-fold to original size, moisten gum strip and seal. Mail promptly! For your convenience, postage is paid.

Thank you.

Scripps

9888 Genesee Avenue
La Jolla, California 92037-1276
(858) 626-6130

Dear Parents to Be:

Thank you for selecting Scripps for your delivery. The information on this pre-admission sheet is needed for your hospital records. By completing and returning this to the hospital IN ADVANCE, we can plan and facilitate your admission.

Please call the phone number below if you need financial information or insurance information.

We at Scripps look forward to meeting your healthcare needs. Please call our Admitting Department at (858) 626-6130 for any other assistance you may need.

300-8560-002 (2/21/19)

Scripps

Attention: Pre-Admitting Department
Mail Drop LJ102
Post Office Box 28
La Jolla, California 92038-9755

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 21 LA JOLLA, CA

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Scripps

Maternity Pre-Admission Questionnaire