

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

NB Your access agreement needs to be current *on the day of your clients admission* to Helensville Birthing Centre

LMC name and designation...

Vanessa Wiblin RM

Signature



Date



Helensville
Birthing Centre

TE PUNA WHĀNAU KI TE AWAROA

www.birthingcentre.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



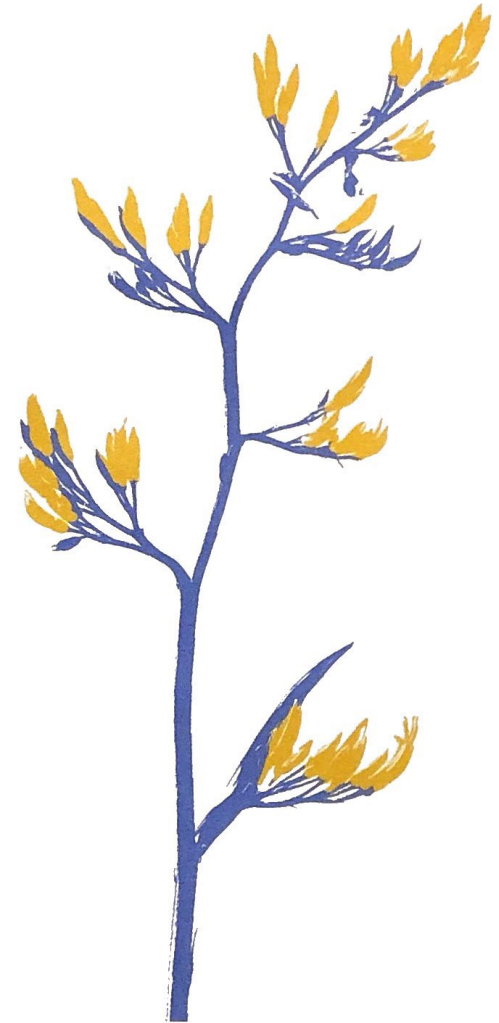
Helensville
District Health Trust

Putting local health first • Te hau ara 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.

JUNE 2021

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: female _____

NHI _____

Your ethnicity (please circle)

NZ European Māori Cook Islands Māori Samoan
Tongan Niuean European Chinese Indian Other

Baby's ethnicity (please circle)

NZ European Māori Cook Islands Māori Samoan
Tongan Niuean European Chinese Indian Other

Physical address _____

Postal address _____

Postcode _____

Phone _____

Email _____

Alternative contact 1 _____

Home phone _____

Mobile phone _____

Relationship _____

Alternative contact 2 _____

Home phone _____

Mobile phone _____

Relationship _____

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 patients. In the event of any complications arising, I will be transferred from the centre or remain at the delivering hospital.
- if at the time of my requested admission to the Helensville Birthing Centre there are no beds available, my transfer will be regrettably declined.
- 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 _____

At the time of your admission, your LMC must have a current Access Agreement with the Helensville Birthing Centre.

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

email to bookings@helensvillebirthingcentre.co.nz

post to PO Box 13, Helensville 0840

fax to (09) 420 7870

Thank you