



Let's get ready for baby.

Thank you for trusting St. David's South Austin Medical Center with the care of you and your baby. We are honored to be a part of this very special day and want to make sure you are as comfortable and prepared as possible.

Please take a moment to pre-register for your upcoming birth.

You are welcome to complete the form on the back of this handout and give it to your Obstetrician or you can email or fax it to us using the address or number on the bottom of the form.

There is also a convenient online pre-registration option.

Visit stdavids.com/register to preregister.

Pre-Registration Form

PATIENT INFORMATION			
Patient's Last Name	First	Middle	Expected Delivery Date
Address		Home Phone (____) ____ - ____	Alt. Phone (____) ____ - ____
City	State	Zip Code	Religion
Date of Birth	Age	Marital Status S M W Sep Div	Social Security Number ____ - ____ - ____
Race	E-mail		
Employer	Address	Occupation	
Primary Care Physician	Advance Directives <input type="checkbox"/> Living Will <input type="checkbox"/> DNR <input type="checkbox"/> Medical Power of Attorney: (Name) _____		
INSURANCE			
Primary Policy Holder's Name	Relation	Date of Birth	
Address		Social Security Number ____ - ____ - ____	
Home Phone (____) ____ - ____	Cell Phone (____) ____ - ____	Work Phone (____) ____ - ____	
Employer	Address	Occupation	
SPOUSE OR GUARDIAN			
Last Name	First	Middle	Relationship to Patient
Home Phone (____) ____ - ____	Cell Phone (____) ____ - ____	Work Phone (____) ____ - ____	
Address	City/State	Zip Code	
Employer	Address	Occupation	
EMERGENCY CONTACT			
Last Name	First	Middle	
Home Phone (____) ____ - ____	Cell Phone (____) ____ - ____	Work Phone (____) ____ - ____	
Address	City/State	Zip Code	
How did you hear about St. David's South Austin Medical Center?			
<input type="checkbox"/> Self Referred <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Physician Referred <input type="checkbox"/> Direct Mail <input type="checkbox"/> Print Advertising			