



## Instructions for completing Baby Business forms

*We're thrilled that you have chosen Exempla Lutheran Medical Center as the hospital in which to deliver your baby. By completing the required paperwork your hospital stay will be well coordinated and you will have fewer interruptions upon admission. We suggest you complete and return the forms approximately two months before your baby is due.*

*You can fill out the forms by downloading them and completing them at home, or they can be completed during a session called "Baby Business", which includes a tour and a guide through the forms. If you choose to complete the forms at home, you may return them in-person to our office, Women's and Family Services, on the 2<sup>nd</sup> floor of the hospital Monday-Friday 8:00 a.m. to 6:00 p.m. Please do not wait to bring the forms with you when you come to the hospital in labor, as they must be filed prior to your admission.*

*If you have chosen to complete the forms at home, simply click your print button. This will print all forms and the instructions for completing them. Fill out the forms to the best of your ability. If there is information that you do not know at this time (for example, your baby's sex or name), you can complete that information during your hospital stay. If you have any questions while completing these forms, please call Women's and Family Services at (303) 425-2229.*

### **You should complete the following forms:**

1. Personal Health History
2. Consent for Newborn Medical Treatment and Pediatric Care
3. Birth Certificate Worksheet
4. Birth by Design
5. Preadmission Registration

#### **1. Personal Health History form:**

This form allows our staff to identify any health problems or concerns and helps us to provide the best care possible for you and your baby.

#### **2. Consent for Newborn Medical Treatment and Pediatric Care form:**

Have you chosen a doctor for your baby? Remember that obstetricians and certified nurse midwives do not provide newborn care, so you will need to select a pediatrician or family practitioner to care for your baby. When selecting, ask if the physician has admitting privileges at Lutheran. If not, you may use the on-call pediatrician while you are at the hospital. In addition, make sure the doctor you have chosen accepts your insurance. Should you need help finding a physician, call our Physician Referral Line at (303) 425-2929.

#### **3. Birth Certificate Worksheet**

A birth certificate is a legal document that you will need at various times during your child's life. Please complete the birth certificate information sheet. If you do not know some of the information, it is okay to leave the line blank. It can be completed at the hospital. If you know the sex of your baby and have already chosen a name, feel free to include this information.

According to Colorado law, a father's name can be included on the birth certificate if the mother is married to him (this includes common law marriage). If you are not married and would like the father's name included on your child's birth certificate, please check the box on the form that indicates you would like a Paternity Form. This form must be completed by

both mother and father and cannot be completed until after the baby is born. The birth certificate clerk will provide this form during your hospitalization if you check the paternity form box.

To order your baby's birth certificate, you must contact the Jefferson County Office of Vital Records. Your baby's birth certificate should be kept with other important family documents. Birth certificates cost \$17 for the first copy and \$10 for each additional copy (effective July 1, 2006). The birth certificate clerk will give you specific information on how to obtain an official copy while you are in the hospital.

You may order a social security number and card for your baby by checking the box on the bottom of this sheet. There is no charge to do this. It may take up to 11 weeks to receive the card.

**4. Birth by Design form:**

This form provides you an opportunity to share information with our staff that will help us know how we can make your birth special. Please tell us of any unique circumstances, your goals for your birth, and ways we can reassure and comfort you during labor.

**5. Preadmission Registration:**

Complete this form with demographic information, insurance information, and emergency contact information in order to be pre-registered. Please make a copy of your insurance card, both front and back to submit with this form.

***Remember: Do not wait to bring these forms with you to the hospital when you come to have your baby. They must be brought to Women's and Family Services (2<sup>nd</sup> Floor) or to a Baby Business Class prior to your admission. If you have questions, call (303) 425-2229.***

*Thank you for completing "Baby Business" information. By bringing these forms to us prior to your admission, we can help make your stay smooth and restful. We look forward to seeing you soon!*

*Center for Women and Infants Staff*

**Consent for Pediatric/Neonatal Health Care:** I voluntarily request and consent to the rendering of health care services to my newborn child during this hospitalization. This consent includes permission to provide routine hospital services, diagnostic procedures, intravenous therapy, medications, anesthesia, injections and other services or procedures that may be administered to or performed on my newborn child under the direction of the physicians participating in my care and/or the care of my newborn child. I understand that this consent does not include special procedures or surgeries that will require the physician to adequately inform me about such procedure or surgery, together with any risks and alternative treatments and to obtain my informed consent to any such special procedure or surgery on my newborn child.

I, \_\_\_\_\_ consent to have  
Dr. \_\_\_\_\_ as my newborn's physician.

Signature: \_\_\_\_\_ Date  
\_\_\_\_\_

Witness (at time of hospital admission): \_\_\_\_\_ Date  
\_\_\_\_\_

Signature of hospital representative

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**Exempla**  
HEALTH CARE  
LUTHERAN MEDICAL CENTER

Consent for Newborn Medical Treatment and Pediatric Care

White-Chart      Yellow-Patient  
EL-FR-NS-0220-0202

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PATIENT INFORMATION



Baby's Due Date:
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8300 West 38<sup>th</sup> Avenue  
 Wheat Ridge, Colorado 80033  
 Attention: Admitting Department

**Preadmission Registration**

Patient Name	Last	First	Previous Last Name		
Patient Address	Street	City	State	Zip Code	Phone Number
Date of Birth	Social Security Number		Marital Status		Religious Preference
Patient's Employer			Occupation		
Employer's Address	Street	City	State	Zip Code	Phone Number
OB Doctor			Language		

**If same as above please skip to PRIMARY INSURANCE SECTION**

Insured or Responsible Party	Last	First	Middle Initial		
Home Address	Street	City	State	Zip Code	Phone Number
Date of Birth	Social Security Number		Relationship to Patient		
Employer			Occupation		
Employer's Address	Street	City	State	Zip Code	Phone Number

**Primary Insurance. If copy of card(s) not attached, please complete.**

Insurance Name		(Plan Name if Applicable)			
Group Number	ID (If Applicable)	Phone Number		Social Security Number	
Insurance Address	Street	City	State	Zip Code	

**Secondary Insurance. If copy of card(s) not attached, please complete.**

Insurance Name	Last	First	MI	Relationship to Patient	
Insurance Name			(Plan Name if Applicable)		
Group Number	ID (If Applicable)	Phone Number		Social Security Number	
Insurance Address	Street	City	State	Zip Code	

The baby will be covered by:  Primary Insurance  Secondary Insurance  None

**Emergency Contact**

Last		First	MI		
Home Address	Street	City	State	Zip Code	
Relationship to Patient		Home Phone Number		Work Phone Number	

Have you ever been a patient here before?  Yes  No

Do you want the hospital operator to list you in the directory while you are a patient?  Yes  No

# Personal Health History

Name \_\_\_\_\_ Physician/Midwife \_\_\_\_\_ Due date \_\_\_\_\_

**1. Check the box if you now have or previously had any of the following health problems:**

- Endocrine:** including diabetes, thyroid problems, etc.
- Autoimmune, connective tissue:** including lupus, HIV, bruising, eczema, rash, etc.
- Cardiovascular:** including chest pain, high blood pressure, heart or valve problems, etc.
- Gastrointestinal:** including abdominal pain, colitis, constipation, diverticulitis, GERD/reflux, ulcers, hepatitis A, etc.
- Genitourinary/gynecological:** including bladder infections, kidney problems, herpes, vaginal strep, sexually transmitted diseases, etc.
- Hematologic:** including anemia, bleeding problems, blood clots, blood transfusions, hepatitis B or C, etc.
- Musculoskeletal:** including fractures, neck problems, back problems, scoliosis, injuries, arthritis, fibromyalgia, etc.
- Neurological:** including headaches, head injuries, seizures, strokes, neuropathy, multiple sclerosis, mental illness, etc.
- Pulmonary:** including shortness of breath, asthma, cough, pneumonia, etc.
- Other:** accidents, surgery, significant illness, domestic violence, recent travel outside of the United States, etc.

If you checked any of the above boxes, please describe illness and dates.

**2. What medications do you take regularly?**

Medication	How Often?	Medication	How Often?

**3. What allergies do you have to foods, medicines, latex, or iodine? Describe your allergic reactions.**

**4. Have you ever had anesthesia?**  Yes  No

Describe any problems you or any members of your family have had after anesthesia (e.g. high fever, difficulty breathing, slow to awaken, jaundice, or malignant hypothermia).

**5. What have you used for pain relief in the past?** \_\_\_\_\_

**6. What are your plans for pain relief in labor?** \_\_\_\_\_

**7. How many months pregnant were you when you began prenatal care?** \_\_\_\_\_

**8. Have you had any leaking of fluid from the vagina? When?** \_\_\_\_\_

**9. Have you had any bleeding from the vagina? When?** \_\_\_\_\_

**10. Have you had problems with your pregnancy?** \_\_\_\_\_

**11. Do you have any concerns about your home/personal/social situation that you would like to share?**

Would you like to see a nurse about your concerns?  Yes  No

RN Signature: \_\_\_\_\_



Women and Infant Services Personal Health History  
EL-FR-FB-2083-0303

PATIENT INFORMATION



# State of Colorado Birth Certificate Worksheet

This information will be used to create your child's birth certificate. All information below must be complete and accurate. If you have questions or are unsure of any information, please leave that space blank and ask the hospital staff member who collects this form for assistance.

<b>PLEASE PRINT CLEARLY</b>				<b>INFANT</b>			
Child's full name:		First	Middle	Last	Suffix		
Do you wish for a Social Security number to be issued to the child? Yes <input type="checkbox"/> No <input type="checkbox"/>				(There is no charge for this service.)			

<b>MOTHER</b>							
Mother's current full name:				First		Middle	Last Name
Mother's full name before 1st marriage (maiden):				First		Middle	Last Name (maiden)
Mother's date of birth:			Month / Day / Year	Mother's birthplace:		State, or country if not U.S.A.	
					If born outside the U. S., how long lived in U.S.?		
					□ Years _____ □ Months _____		
Mother's current residence:				Street address - not a P.O. Box Apt.# City			
				Inside city limits?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Country		State (If Canada, list Province)		Zip		Mailing address if different from above address	

Mother's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**MOTHER'S EDUCATION** (Check the box that best describes the highest degree or level of school completed at the time of delivery)

8th grade or less

9th - 12th grade, no diploma

High school graduate or GED completed

Some college credit but no degree

Associate degree (e.g., AA, AS)

Bachelor's degree (e.g., BA, AB, BS)

Master's degree (e.g., MA, MS, MSW, MBA)

Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

**MOTHER OF HISPANIC ORIGIN?** (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.)

No, not Spanish/Hispanic/Latina

Yes, Mexican, Mexican American, Chicana

Yes, Puerto Rican

Yes, Cuban

Yes, other Spanish/Hispanic/Latina (Specify) \_\_\_\_\_

**MOTHER'S RACE** (Check one or more races to indicate what the mother considers herself to be)

White

Black or African American

American Indian or Alaska Native (Name of the enrolled or principal tribe) \_\_\_\_\_

Asian Indian  Other Asian (Specify) \_\_\_\_\_

Chinese  Native Hawaiian

Filipino  Guamanian or Chamorro

Japanese  Samoan

Korean  Other Pacific Islander (Specify) \_\_\_\_\_

Vietnamese  Other (Specify) \_\_\_\_\_

Yearly household income:  less than \$15,000  \$15,000-\$24,999  \$25,000-\$34,999  \$35,000-\$49,999

\$50,000-\$74,000  \$75,000+

Marital status:  Married but separated  Divorced (date: / / )  Never married  Married (includes common-law)

Widowed (date: / / )

(If mother is not married or, married, but not to the child's father, an Acknowledgement of Paternity form must be completed to add the father to the birth certificate. Please see the hospital staff member who collects this form for assistance.)

<b>FATHER</b>							
Father's full name:		First	Middle	Last name	Suffix		
Father's date of birth:			Month / Day / Year	Father's birthplace:		State, or country if not U.S.A.	
					If born outside the U. S., how long lived in U.S.?		
					□ Years _____ □ Months _____		

Father's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FATHER'S EDUCATION** (Check the box that best describes the highest degree or level of school completed at the time of delivery)

8th grade or less

9th - 12th grade, no diploma

High school graduate or GED completed

Some college credit but no degree

Associate degree (e.g., AA, AS)

Bachelor's degree (e.g., BA, AB, BS)

Master's degree (e.g., MA, MS, MSW, MBA)

Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

**FATHER OF HISPANIC ORIGIN?** (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino.)

No, not Spanish/Hispanic/Latino

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

**FATHER'S RACE** (Check one or more races to indicate what the father considers himself to be)

White

Black or African American

American Indian or Alaska Native (Name of the enrolled or principal tribe) \_\_\_\_\_

Asian Indian  Other Asian (Specify) \_\_\_\_\_

Chinese  Native Hawaiian

Filipino  Guamanian or Chamorro

Japanese  Samoan

Korean  Other Pacific Islander (Specify) \_\_\_\_\_

Vietnamese  Other (Specify) \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge. In the event an error is made on this birth certificate by the hospital or registered midwife during the registration process, I authorize the hospital or registered midwife to act on my behalf as my legal representative to correct the error.

Mother's phone number: / /

Informant signature \_\_\_\_\_ Date \_\_\_\_\_

Informant relationship: Mother  Father  Other \_\_\_\_\_ (Please specify)