

Maternity Patient Registration Form

P1

TO AVAIL OF FREE PUBLIC HEALTHCARE:

You must provide a copy of photographic ID plus a copy of one of the following:

A current valid medical card, utility bill or other proof of address a work permit or visa, or a statement from your employer stating your contract of employment.

These document can be posted to the hospital, emailed to antenatal@coombe.ie or you can bring them to your first appointment.

Documents will be shredded once checked so please do not submit originals. Failure to comply with the

above may result in charges for your care. All invoices must be paid in full when leaving the hospital.

Once completed this registration form, along with your supporting documents, can be:

Scanned and emailed to antenatal@coombe.ie or, sent by post to:

Appointments Office
The Coombe Hospital
Cork Street
Dublin 8

For further information about the types of maternity care we offer visit www.coombe.ie.

1. Maternity Patient Booking Category and PPS Details:

Have you booked with another hospital for this pregnancy? Yes No

Would you like to register for Public or Semi Private Care? Public Care Semi-Private Care

If you are registering for Public Care, would you like to attend our Community Midwifery Service? Yes No

For information about our Community Midwifery Service, please visit our website

What is your PPS Number?

2. Clinical Information:

What is the date of the first day of your last period? Unknown

Have you been a patient of this hospital before? Yes No

If you have been a patient of The Coombe Hospital before, can you remember your hospital number?

What was your address at the time of your last stay at this hospital?

3. Personal Details:

Title Surname Name Date of Birth

Have you been ordinarily resident in Ireland for the last year? Yes No Country of Birth

Current Address

County

Eircode

Mobile

Home Phone

Email

By providing your email address you are giving consent to The Coombe Hospital to contact you via email. We will only contact you with information regarding your pregnancy and the birth / care of your baby.

3. Personal Details Contd:

Marital Status:

Single Married Separated Divorced Widowed Civil Partnership* Surviving Civil Partnership

**Civil Partnership does not apply to co-habiting couples*

Do you speak English? Yes No

What is your religion?

If you are married, what is your Maiden Name (name before marriage)?

What is your occupation?

4. Nominated Support Partner or Contact;

must be over 18 years of age.

Title Surname Name Date of Birth

Gender: Male Female Relationship to you

Current Address

County

Eircode

Mobile

Home Phone Number

5. Health Insurance Information (if applicable):

Name of Insurance Company

Plan Type

Name of policyholder

Policy number

Policy expiry date

6. Medical Card Information (if applicable not GP card):

Medical Card Number

Expiry Date

7. General Practitioner's (GP) Details:

Name of GP GP's Telephone Number

GP's Address

Eircode

8. Information required for Civil Registration of the Birth

Date of Marriage (if married) Father's / Partner's Name

Father's / Partner's Occupation

Birth Surname of Mother's Mother

Birth Surname of Father's / Partner's Mother

Father's / Partner's PPS Number

Father's / Partner's Country of Birth

Father's / Partner's Former Name if Different to Birth Name

Patient's Signature Date

Any other comments about your booking:

We may communicate with you by text. Do you consent to receive text messages? Yes No

This form must be read, signed and returned with the Maternity Patient Registration Form. Please complete this form using black ink and BLOCK CAPITALS

The General Data Protection Regulation (GDPR) applies to the processing of personal data. The Coombe Hospital is the Data Controller for your personal data.

Data we collect and use:

To allow us to provide our services to you, we collect and process various categories of personal data, which may include:

- Personal details about you, such as date of birth, address, next of kin, contact details.
- Notes and reports about your health needs/results of investigations such as x-rays and laboratory tests.
- Relevant information from other health and social care professionals, your carers or relatives.

Your rights:

You have certain legal rights concerning your personal data and the manner in which we process it, which includes:

- A right to get access to a copy of your personal data.
- A right to request us to correct inaccurate information, or update incomplete information.

Who do we share your personal data with:

The law stipulates that in certain circumstances personal data (including health information) may be disclosed, for exam-ple, in the case of infectious diseases or child protection. Also, as part of the birth notification process, your data including medical history will be shared with the General Registrar’s Office (GRO), this notification to the GRO allows for the birth of your baby to be registered by you. We may also disclose your contact details to the HSE and/or the Health Information and Quality Authority (HIQA) for the purposes of inviting you to take part in National Patient Experience Surveys.

Clinical Audit:

Clinical data is collected in accordance with GDPR for clinical audit purposes. Your clinical data may be used to monitor and improve our services. Your personal data will be anonymised and you will not be identifiable from these audits.

Clinical Research:

The TCH is a teaching hospital, we work closely with Trinity College Dublin (TCD) and University College Dublin (UCD). All research projects are approved by the TCH Research Ethics Committee. Your health records may be accessed or screening by authorised researchers to assess if you are suitable for participation in a research project. If your clinical data is selected for use in research your consent will be required/obtained prior to inclusion in any research.

Notice for Women who are holding on to their own chart. You are responsible for the following:

- Keeping your chart safe and secure
- Ensuring you have your chart with you each time you attend the hospital
- Returning the chart if requested to do so by an authorised staff member of the hospital

If for any reason, during your pregnancy, you are admitted, your chart will be retained by the hospital, it will be returned to you on your next outpatient visit.

See our website www.coombe.ie for further information contained in our Privacy Statement/Fair Processing / Notice including how to apply to access a copy of your medical records.

I have read and understand the nature of the data collected by the TCH, the purposes for which the data may be used, the persons to whom data may be disclosed and my rights in relation to access to and correction of my personal data.

Patient’s Signature

Date

D	D	M	M	Y	Y
---	---	---	---	---	---