

Your Special Delivery...

Before the Big Day...

- Register for one of the many free classes we offer to our patients www.bswhealth.org—there are live classes and online only options to choose from
- Take a tour of our beautiful facilities—Join us on the First Thursday of every month at 6 pm—meet in the first floor lobby
- Pre-register—Ensure that we have your most up to date information—demographics, insurance, and more. Please complete the attached form and bring it with you to the registration desk at the hospital along with your driver's license (photo ID) and insurance information. Financial counseling is also available at that time if desired.
- Drive around the campus so that you know where the ER entrance is located



On the Big Day...

- Please come in through the ER entrance regardless of the time of day or reason for your visit (except for classes). They can get you in the system and quickly up to L&D
- Don't forget to pack...
 - Toiletries (we have some in case you forget but you would probably prefer your own)
 - Clothes for baby to wear home. A pacifier if you desire one for your baby.
 - Camera
 - Car Seat
 - Clothes for Mom to wear home
 - A birthing or peanut ball if you desire



TEXAS 10 STEP
PROGRAM

What to expect after delivery...

- We believe in the philosophy of couplet care...that means we don't want to separate you and your baby except for medical necessity
- Immediately after delivery most babies spend the first hour skin to skin with their mothers
- We have Certified Lactation support available for both inpatients and outpatients
- We offer professional newborn photography services
- We provide weekend/holiday newborn follow up appointments here at the hospital in case your pediatrician's office is not open
- We are proud to be a Breast Pump Depot and can facilitate you receiving a pump prior to discharge



Maternity Pre-Admission Form



Patient Information:

Today's Date: _____

Expected Date of Delivery _____ Obstetrics Physician Name _____

Date of last menstrual period _____ Name of Obstetrician's Office _____

Patient First Name Middle Initial Last Name Date of Birth Maiden Name/Other Name

Social Security # Address

City State Zip Code

Country of Birth Home Phone Work Phone Cell Phone

Marital Status: Married Single Widow Divorced Separated
Ethnicity: Non-Hispanic/Latino Hispanic/Latino
Race: White Black/African American Asian American Indian Hawaiian/Pacific Islander Other

Patient's Employer _____ Employer's Phone# _____

Employer's Address _____

Emergency Contact Information:

Name Phone Relationship to Patient

Address City State Zip Code

Primary Insurance Information

Insurance Company Name Insurance ID # Group # Site #

Insurance Company Phone# Primary Insurance Employer Name

Policy Holder Name Policy Holder Date of Birth Policy Holder's Home Phone

Secondary Insurance Information

Insurance Company Name Insurance ID # Group # Site #

Insurance Company Phone# Secondary Insurance Employer Name

Policy Holder Name Policy Holder Date of Birth Policy Holder's Home Phone

Signature of Patient

Date

You may be contacted at the above phone numbers if additional information is needed.

Hospital Use Only:

Case # assigned Clinic Code Hospital Service Patient Type Physician Admission Source