



**OB Pre-Admission Information**  
**455 St. Michael's drive**  
**Santa Fe, New Mexico 87505**

Thank you for choosing St. Vincent Hospital as your Healthcare Provider.

This Pre-Admission form will provide us with information needed to assure a speedy check-in for your delivery at St. Vincent Hospital.

Please complete all fields on this form at your 7<sup>th</sup> month of pregnancy. Please return this Pre-Admission form via fax at (505) 995-3931 or by mail to the address listed above Attention: DPVU-OB.

Your OB Doctor:		When is your baby due?		Who is your Primary Care Doctor?	
Patient Name (First, Last, Middle Initial)					Home Phone Number
Current Mailing Address		City	State	Zip code	
Birthdate	Age	Race	Religion	Marital Status	
Your Social Security Number		Your Employer Name			
Employer Address Code		City	State	Zip	Work Phone
Name of Spouse (First, Last, Middle Initial)				Spouse Social Security Number	
Spouse's Employer Name				Spouse Work Phone Number	
Spouse's Birth Date	Spouse Employer Address		City	State	Zip code
Emergency Contact Person		Relation to Patient		Home Phone	Work Phone
<b>PRIMARY INSURANCE INFORMATION</b>			<b>MEDICAID</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name of Insurance Company		Group Number		Policy Number	
Insured Name/Policy Holder		Policy Holder SSN	Insurance Customer Service Phone Number		
<b>SECONDARY INSURANCE INFORMATION</b>					
Name of Insurance Company		Group Number		Policy number	
Insured Name/Policy Holder		Policy Holder SSN	Insurance Customer Service Phone Number		

If you are insured with a Managed Care Health plan or Insurance Company requiring copayment, precertification, authorizations and/or referrals, we encourage you to contact your insurer to verify if these requirements have been met prior to receiving services. If you should have any changes to the information provided above please bring the corrected information with you at the time of registration.