



# MATERNITY ADMISSION INFORMATION

FULL LEGAL NAME:			
PREVIOUS NAME:		DATE OF BIRTH (d/m/y):	
PERSONAL HEALTH NUMBER (CARE CARD#):			
FAMILY PHYSICIAN:		MATERNITY PHYSICIAN/MIDWIFE:	
MATERNITY DUE DATE (d/m/y):			
PLANNED SITE OF BIRTH:		IF AT HOME, PLANNED BACK-UP HOSPITAL:	
VGH	SPH	LADY MINTO	HOME
		VGH	SPH
CURRENT RESIDENTIAL AND MAILING ADDRESS:			
STREET:		BOX/RR#:	
CITY:		PROVINCE:	POSTAL CODE:
PHONE HOME:	PHONE WORK:	CELL PHONE:	LENGTH OF RESIDENCE:
LOCAL ADDRESS IF OUT OF COUNTRY/PROVINCE:		PHONE:	
PREVIOUS RESIDENTIAL ADDRESS IF AT CURRENT LESS THAN 6 MONTHS:		LENGTH OF RESIDENCE (6 MONTHS TOTAL RES. REQUIRED)	
NEXT OF KIN:	RELATIONSHIP:	NAME:	
ADDRESS:		CITY:	PROV:
PHONE HOME:	PHONE WORK:	CELL PHONE:	
EMERGENCY CONTACT PERSON:	RELATIONSHIP:	NAME:	
ADDRESS:		CITY:	PROV:
PHONE HOME:	PHONE WORK:	CELL PHONE:	
HOW LONG HAVE YOU LIVED IN B.C.:			
ARE YOU CANADIAN CITIZEN?	YES	NO	IF NOT ARE YOU:
		LANDED IMMIGRANT	PHOTOCOPY REQUIRED IF LESS THAN 1 Year
		ON VISA (TYPE: WORK, TRAVEL, STUDENT, ETC)	PHOTOCOPY REQUIRED
<b>ADMISSION INFORMATION - PLEASE RETURN TO:</b> Admitting Department Victoria General Hospital 1 Hospital Way, Victoria, B.C. V6Z 6R5 Phone 250-727-4158 Fax: 250-727-4032			

Are you interested in requesting a private room?  Yes  
 A private room costs \$195/day (these are 2010 rates and are subject to change).  
 Most Extended Health Plans cover some or all of the cost.  
 By answering "yes" you are giving VIHA permission to call you regarding the Preferred Accommodation Program.