



**\*PRE ADMISSION INFORMATION**  
30 Days prior to your due date, please go to  
Admitting Office at Redlands Community Hospital  
to sign your consent forms.

**PATIENT INFORMATION**

Please write legibly print your legal name (*NO nicknames please!*) **EXPECTED DUE DATE** \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Religious Preference** \_\_\_\_\_ **Affiliated Church** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**DL/ID#** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

Please Circle One

**Single**      **Married**      **Separated**      **Divorced**      **Widowed**      **Ethnicity** \_\_\_\_\_

**Primary Physician** \_\_\_\_\_ **Obstetrician** \_\_\_\_\_ **Pediatrician** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ **Emergency Contact** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_ **Relationship to Patient** \_\_\_\_\_

**EMPLOYMENT**

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Part or Full Time** \_\_\_\_\_

**INSURANCE**

**PRIMARY Insurance** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Name of the Subscriber** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Subscribers Date of Birth** \_\_\_\_\_ **Subscribers Social Security #** \_\_\_\_\_

**Subscriber's Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

**Subscriber's Phone #** \_\_\_\_\_

**SECONDARY Insurance** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Name of the Subscriber** \_\_\_\_\_

**Subscribers Date of Birth** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Subscribers Social Security #** \_\_\_\_\_

**Subscriber's Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

**Subscriber's Phone #** \_\_\_\_\_

