





**Planned place of birth (please tick one)**

- Warkworth Birth Centre
- North Shore Hospital
- National Women's/Auckland City Hospital
- Waitakere Hospital
- Whangarei Hospital
- Home

**Smokefree status**

- Never smoked tobacco
- Ex smoker < 12 months
- Ex smoker > 12 months
- Current smoker - Number . . . .cig/day**
- Partner Smokefree

**Postnatal Care Plans**

- Early discharge - before 12 hrs
- Full postnatal stay

Postnatal beds are subject to availability on the day for women transferring from another hospital.

Your LMC will arrange your transfer to our Centre.

Any special dietary, religious or cultural requirements (please specify)

- ☆ *It is your right to be fully informed and consent to any procedures or tests for you and your baby during your stay at the centre.*
- ☆ *Please ensure the email address you have given us on this form is the most appropriate one for us to send you information to regarding your stay with us.*
- ☆ *Free Prenatal classes available. Phone us on 09 425 8201 for further information and bookings*
- ☆ *Warkworth Birthing Centre cannot accept responsibility for valuables belonging to clients.*
- ☆ *WiFi available.*
- ☆ *On the day of discharge please try to leave the Centre before lunchtime.*
- ☆ *Partners welcome to stay in the Centre if desired. Shower facilities available, partner to provide their own meals*
- ☆ *Visiting hours for all family and friends 3pm - 6pm.*

The privacy act 1993 requires that before we can share your and your baby's Medical Information with Health Professionals involved in your case we need your consent. Signing this form indicates your consent.

Signed: (Mother) \_\_\_\_\_ Date: \_\_\_\_\_

Signed: (LMC) \_\_\_\_\_ Reg No: \_\_\_\_\_

<input type="checkbox"/> COMPUTER	<input type="checkbox"/> LETTER	<input type="checkbox"/> BOOKING BOOK
<i>OFFICE USE ONLY</i>		

**Your Postnatal Midwife must have a current Access Agreement.**