SAINT PETER'S UNIVERSITY HOSPITAL
A MEMBER OF SAINT PETER'S HEALTHCARE SYSTEM

PRE-REGISTRATION

254 Easton Avenue, New Brunswick, NJ 08901
732-745-8600
www.saintpetershcs.com

PATIENT DATA:

Last Name: _____ Delivery due date: _____

First Name: _____ Registration date: _____

Address: _____ Physician: _____

_____ Marital Status: ❑ Married ❑ Widowed ❑ Divorced

Telephone: _____ ❑ Domestic Partner ❑ Separated ❑ Single

Cell Phone: _____ Sex: _____ Maiden Name: _____

Employer: _____ Race: _____ Ethnicity: (See Reverse Side) _____

Occupation: _____ Date of Birth: _____ Soc. Sec. #: _____

❑ Full-time ❑ Part-time ❑ Self-Employed Religion: _____

Email: _____ Advance Directive for Healthcare ❑ Yes ❑ No

LEGAL NEXT OF KIN

Relationship: _____

Name: _____

Address: _____

_____

Telephone: _____

Alternate Telephone: _____

EMERGENCY CONTACT:

Relationship: _____

Name: _____

Address: _____

_____

Telephone: _____

Alternate Telephone: _____

INSURANCE DATA: Primary Policy Holder (Patient / Spouse / Other _____)

If the primary insurer is someone other that the patient or if there is secondary coverage, please complete this section.

Name of Insurance: _____ Subscriber Date of Birth: _____

Address: _____ Employer: _____

_____ Social Security #: _____

Telephone: _____ Occupation: _____

Policy #: _____ ❑ Full-time ❑ Part-time ❑ Self-Employed

Group #: _____

Secondary Coverage Secondary Policy Holder (Patient / Spouse / Other _____)

Name of Insurance: _____ Subscriber Date of Birth: _____

Address: _____ Employer: _____

_____ Social Security #: _____

Telephone: _____ Occupation: _____

Policy #: _____ ❑ Full-time ❑ Part-time ❑ Self-Employed

Group #: _____

Which policy will insure the baby(s): _____ Primary Insurance _____ Secondary Insurance

This form may be faxed to 732-745-8619 or sent via email to Moms2Be@saintpetersuh.com.

The Hispanic Ethnicity codes as identified by the State of New Jersey, Department of Health, National Center for Health Statistics code are as follows:

0 = Non-Hispanic
1 = Mexican
2 = Puerto Rican
3 = Cuban
4 = Central or South American
5 = Other and Unknown Hispanic
9 = Not Classifiable

Notice to Deaf and Hard of Hearing Patients
You have a right to a Sign Language Interpreter if one is required for you to effectively communicate medical information to hospital staff. If you are deaf or hard of hearing and require a Sign Language interpreter, please let us know in advance of your delivery.

You will be asked to verify that we correctly entered your information when you present for delivery at the hospital.
Your safety is our greatest concern.

Thank you for choosing Saint Peter's!