

Pre-Admission Form



Pre-Admission Form

Patient Information

Legal name: _____ Preferred name: _____
Birthdate: _____ Birthplace: _____
Street address: _____ Apt: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Cell: _____ Email: _____
Full Social Security number: _____ Driver's license or ID number: _____

Marital Status

- ☐ Legally married
- ☐ Single
- ☐ Legally divorced
- ☐ Widowed
- ☐ Legally separated
- ☐ State registered
- ☐ Domestic partner

Ethnicity

- ☐ Latino
- ☐ Latino/Non-Latino

Race

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Patient declined
- ☐ Unknown
- ☐ Other: _____

Language

- ☐ English
- ☐ Other: _____

Interpreter needed

- ☐ Yes ☐ No

Veteran Status

- ☐ Active duty (an active reservist)
- ☐ Decline to state
- ☐ Never served (not a veteran)
- ☐ Veteran (a non-active reservist)

Maiden name: _____ Mother's maiden name: _____
Religious preference: _____
Estimated date of delivery: _____ Multiple pregnancy: ☐ Yes ☐ No Last menstrual period: _____
Adopt/surrogate: ☐ Yes ☐ No Your obstetrician/midwife's name: _____
Your primary care doctor: _____
Your newborn's pediatrician: _____
Have you ever been a patient at this hospital before? ☐ Yes ☐ No If "Yes," when? _____
Under what name(s)? _____
Pharmacy preference: _____ Pharmacy phone: _____
Address: _____

Patient Employment Information

Occupation: _____ Employer name: _____
Employer street address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____

Spouse/Partner Information

Name: _____
Full Social Security number: _____
Birthdate: _____ Birthplace: _____
Occupation: _____ Employer name: _____
Employer street address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____

Pre-Admission Form (continued)

Emergency Notification

Name: _____ Relationship to patient: _____
Street address: _____ Apt: _____
City: _____ State: _____ ZIP: _____
Telephone: _____

2nd Emergency Contact (not living at home)

Name: _____ Relationship to patient: _____
Street address: _____ Apt: _____
City: _____ State: _____ ZIP: _____
Telephone: _____

Insurance Information

Name of insurance company or administrator: _____
Address: _____ City: _____
State: _____ ZIP: _____ Telephone: _____
Name of insured person: _____ Relationship to patient: _____
Full Social Security number: _____ Policy group number: _____
Insured's date of birth: _____ Insured's policy number: _____
Effective date: _____

Secondary Insurance Information

Name of insurance company or administrator: _____
Address: _____ City: _____
State: _____ ZIP: _____ Telephone: _____
Name of insured person: _____ Relationship to patient: _____
Full Social Security number: _____ Policy group number: _____
Insured's date of birth: _____ Insured's policy number: _____
Effective date: _____

I certify that the above information is correct and accurate to the best of my knowledge.

Patient signature: _____ Date: _____

Do not staple or cut copied images down to size. All copied images must be 8.5x11 (can be front and back).

Once this form is completed, please submit to Cedars-Sinai in one of the following ways:

Upload to My CS-Link™	Fax to Cedars-Sinai	Mail to Cedars-Sinai
Website: mycslink.org Use the Register for My Delivery page listed under Visits.	Fax number: 323-866-7970	Mailing address: Preregistration Department 8700 Beverly Blvd., South Tower, Suite 1740E Los Angeles, CA 90048

Please include your estimated date of delivery, name, date of birth, a copy of a non-expired, government-issued photo ID (i.e. driver's license, state ID, passport, etc.) and insurance card.

Patient Information

(Please keep this info sheet for your reference.)

Congratulations on your pregnancy! We are looking forward to being a part of your birth experience. Thank you for choosing Cedars-Sinai.

Hospital Admission

All patients are required to submit a copy of their driver's license or other legal, government-issued photo ID with this pre-admission form. It will also be required at the time of admission to Cedars-Sinai.

Additionally, *all insured* patients are required to submit a copy of their medical and pharmacy insurance (front and back) with this pre-admission form. It will also be required at the time of admission to Cedars-Sinai.

Upon receipt of your pre-admission form, you will receive an acknowledgment via email or regular mail (if an email address is not provided on the pre-admission form).

Once preregistration is completed, a confirmation will be sent to you via email or regular mail. **You should receive confirmation that you are preregistered 40–45 days prior to your due date. Please contact the Cedars-Sinai Pre-Admission Office at 310-967-8595 if you have not received confirmation 40–45 days prior to your due date or have financial questions.**

Birth Records	310-423-3303
Tour and Prenatal	310-423-3381
Parent Education	310-423-5168
Lactation Assistance	310-423-5312
Labor and Delivery	310-423-3601
Deluxe Rooms	310-423-3683

Maternity Tour

We invite expectant parents to take a complimentary tour of Cedars-Sinai's maternity unit. Our tour offers you an opportunity to become acquainted with our space, services and staff. Advance registration is required and can be completed online at cedars-sinai.org/prenatal.

Childbirth and Parenting Education

Our education program offers a wide variety of informative and engaging opportunities to learn! Please visit cedars-sinai.org/prenatal for more information on our childbirth and parenting classes or to register. If you have further questions, you can reach out to the Childbirth and Parenting Education Office Monday–Friday from 10 a.m.–6 p.m. at 310-967-8595. Due to high demand, we encourage you to sign up early. Plan to enroll in the fifth month of pregnancy, and attend class in the seventh or eighth month of pregnancy.

Paternity Declaration

California law requires that unmarried mothers sign a Declaration of Paternity along with the biological father if they wish for their names to appear on the birth certificate. The declaration may be signed within five days of the child's birth and turned in with the birth facts worksheet. Additional information may be obtained from the Birth Records Department: 310-967-8595.





Cedars-Sinai's maternity unit is located in the North Tower.

Parking

When coming to the hospital, if you're able to walk, park on the Mezzanine Level of the North Tower, and go to the third floor Labor and Delivery Unit.

Cedars-Sinai's campus is located at 8700 Beverly Blvd. in Los Angeles. It is bordered to the east by San Vicente Boulevard, to the south by 3rd Street, and to the west by Robertson Boulevard.

From the Santa Monica Freeway (10), exit at La Cienega Boulevard. Proceed north to the medical center, just north of 3rd Street.

From the Hollywood Freeway (101), exit at Highland Avenue. Proceed south to Beverly Boulevard. Turn right and proceed to the medical center at San Vicente Boulevard. Turn left.

