

Mother Baby Unit

Intake Booking Form



Phone: 03 9468 0850 | Fax: 03 9468 0358 | Email: northpark.mbuintake@healthscope.com.au

MOTHER'S INFORMATION

Full name:		Date of birth:
Address:		
Suburb:		Postcode:
Home phone:	Mobile:	Email:
Partner's name:		Phone:
Ages of any other children:		
Have you attended any other Mother Baby Unit? (please tick) <input type="checkbox"/> Inpatient <input type="checkbox"/> Day Stay <input type="checkbox"/> Community Program		
Is there a Paediatrician involved in care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Phone:	Fax:

BABY INFORMATION

Full name:		Date of birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hospital where born:	
Any birth complications?		
Existing Problems: <input type="checkbox"/> Sleep <input type="checkbox"/> Colic <input type="checkbox"/> Reflux <input type="checkbox"/> Allergies/Intolerances		
Diet: <input type="checkbox"/> Breast feeding <input type="checkbox"/> Artificial feeding <input type="checkbox"/> Solids (Type: _____) <input type="checkbox"/> Other		
Immunisations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medications:		
Allergies:		
Comments/goals:		

REFERRAL

Please note: A General Practitioner referral will be required prior to booking an admission.

Referral Received: Yes No

HEALTH FUND & MEDICARE DETAILS

Medicare number:	Expiry date:
Mother's number on card:	Baby number on card:
Name of health fund:	Family Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
Membership No:	Table:
How long have you been with this fund?	

Northpark Private Hospital

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www.northparkprivatehospital.com.au

ABN 85 006 405 152 | A Healthscope hospital.

As you have recently had a baby, we would like to know how you are feeling.
Please tick the answer that comes closest to how you have felt in the past 7 days – not just how you feel today.

IN THE PAST 7 DAYS

1. I have been able to laugh and see the funny side of things:

- As much as I always could
- Not quite as much now
- Definitely not so much now
- No, not at all

6. Things have been getting on top of me:

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

2. I have looked forward with enjoyment to things:

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

7. I have been so unhappy that I have had difficulty sleeping:

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

3. I have blamed myself unnecessarily when things went wrong:

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

8. I have felt sad or miserable:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

4. I have been anxious or worried for no good reason:

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

9. I have been so unhappy that I have been crying:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

5. I have felt scared or panicky for no good reason:

- Yes, quite a lot
- Yes, sometimes
- No, not so much
- No, not at all

10. The thought of harming myself has occurred to me:

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Date completed:

Score (for office use only):

How would you describe how you have felt over this past week?

Do you have any comments about your birth experience?