

Patient Label

**MEDICAL ALERT/ALLERGY**

**USE BLOCK LETTERS. PLEASE WRITE CLEARLY.**

**Full Surname** \_\_\_\_\_ **First name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**HK Identity No./Travel Document: Type** \_\_\_\_\_ **Number** \_\_\_\_\_

**Hong Kong Resident** YES / NO **Spouse Hong Kong Resident** YES / NO

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

**Previous MIH Admission** YES / NO **Date** \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_

**Room Request**

Private  Twin Room  Standard Room  **Client Signature** \_\_\_\_\_  
(subject to availability on admission)

**LMP** \_\_\_\_\_ **Expected Date of Delivery** \_\_\_\_\_ **G** \_\_\_ **P** \_\_\_

**Previous Pregnancies**

Date of Birth	Gestation	Complications	Type of Delivery	Sex, Weight

**GBS STATUS :** NEGATIVE POSITIVE

**Family History/Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VTE Risk Assessment**

**BMI-** \_\_\_\_\_  
Family History of VTE- Yes No  
History of Thrombocytopenia- Yes No  
History of VTE- Yes No  
Multiple pregnancy- Yes No  
Smoker- Yes No

**Blood Results** Please attach Laboratory Copy of Blood Results

**Please Complete and Fax to Maternity 2849 6246 at booking and update at 36 weeks**