

Application for Admission to Mother-Baby Unit

Please answer all of the following questions – please PRINT in BLOCK LETTERS

Name:			
Address:	Street:		
	Town/Suburb:		
	State:	Post Code:	
Phone Number	Home	Mobile	
Email			
Date of Birth			

Medicare No.	Expiry Date	Ref No.
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Name of Health Fund	
Table	
Health Fund Number	
Date of Joining Health Fund	

Tick the program you wish to apply for:	
Inpatient <input type="checkbox"/>	Day Program <input type="checkbox"/>

Please provide a brief statement of the reason for requesting admission to Northpark Private Hospital

If the admission is for a baby with sleeping and /or settling problems please complete the following:

Baby's Name	
Date of Birth	
Place of Birth	
Has the baby been added to the health fund (tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever consulted a Paediatrician at NPH (tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" what was the Paediatrician's Name?	

Signature: _____ Date: _____

Complete the form and forward to the Intake Co-ordinator. Either email to: northparkintake@healthscope.com.au or fax to 03-9467 7186 or mail/deliver to Northpark Private Hospital, Corner Plenty and Greenhills Roads, Bundoora, 3083