



# Family Birthing Centre

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## Patient Information & Pre-Registration Package



Dear Expectant Patient,

Congratulations! We are delighted that you are planning to have your baby at Michael Garron Hospital (formerly Toronto East General Hospital).

We offer a state of the art Family Birthing Centre and Special Care Nursery to meet the needs of you and your family. Our commitment is to provide you with a birth experience that recognizes the significance of family support, participation, and choice. We want to work with you to prepare for this life-changing event and life with your new baby.

We encourage you to take advantage of our many educational opportunities, including tours of the Family Birthing Centre, Prenatal, Postnatal, Breastfeeding and Infant CPR classes. Your registration package identifies a number of learning options for you and your family. Please review all of the contents and follow the simple instructions to book a class.

We ask all patients to pre-register with the hospital for your birth experience. Please complete the pre-admission questionnaire using a pen and printing clearly. Bring your completed questionnaire, along with your Health Card, official documents, and extended health benefits insurance card when you register at 24-28 weeks of pregnancy to our Reception Desk on the 7<sup>th</sup> floor G-wing or afterhours to the Admitting Department on the 1<sup>st</sup> floor G-wing. This visit will allow you to complete necessary paperwork and payments before you arrive for the birth of your baby. Also, please visit our website ([www.tehn.ca](http://www.tehn.ca)) for additional information.

In order to make your stay at the hospital as comfortable as possible, we will be providing you with a Parent and Baby Start-up kit. The kit costs \$20 and contains essential care items required during your hospital stay such as personal hygiene supplies, and baby care items. The cost of the package should be paid at the time of pre-registration. If you require a breast pump during your stay, you may purchase a breast pump kit. You can also purchase a reusable breast pump kit.

Please contact Jennifer Bordin, Manager of Maternal, Newborn and Child Care Services at (416) 469-6580 extension 3567 if you have any questions about your hospital birth experience. For information enquires regarding your pre-registration and/or our child birth education classes, please call **(416) 469-6130**.

We look forward to seeing you.

Sincerely,

Shelley Darling  
Director of Maternal,  
Newborn and Child Health Services

Christie Lockhart  
Chief of Midwifery

Dr. Jennifer Cram  
Chief of Obstetrics and Gynecology

Dr. Jackie Bellaire  
MNC Family Practice Liaison



## How To Pre-Register For Your Admission

We ask all patients to pre-register with the hospital at 24-28 weeks of pregnancy. This visit will allow you to complete necessary paperwork before you arrive for the birth of your baby.

### Pre-Registration Hours:

- Family Birthing Centre Reception Desk (7<sup>th</sup> Floor G-wing)
  - Monday to Friday: 7:00 am to 2:00 pm\*
- Admitting Department (1<sup>st</sup> Floor G-wing)
  - Monday to Friday: 2:00 pm to 10:30 pm\*
  - Weekends (including holidays): 7:30 am to 10:30 pm\*

*\* Please note that our office hours may change due to operational needs.*

## What To Expect When You Arrive To Pre-Register?

The pre-registration process involves two steps when you arrive and will take approximately 15 minutes if there are no urgent interruptions.

**STEP 1** - The first step includes dropping off your completed forms. During your visit, we will review your forms and answer any questions you may have.

Please bring your...

- pre-registration questionnaire
- health equity questionnaire
- request for room accommodation form
- child birth class registration form (optional classes)
- secondary insurance information (employer insurance provider)
- health card or other government insurance documents\*  
and your photo identification (e.g. Driver's License or Passport)

*\* If you do not have government insurance coverage, please contact the Business Office at (416) 469-6580 ext. 6231, before your expected delivery date, to make arrangements for payment.*

**STEP 2** - The second step is our payment process for your 'Parent and Baby Start-up Kit' and class fees, if you are registering for classes.

### What Is The Parent and Baby Start-up Kit?

In order to make your stay at the hospital as comfortable as possible, we will be providing you with a kit filled with necessities that you and your baby will need during your hospital stay. Your package costs \$20 and includes a variety of products (personal hygiene and baby care items).

The \$20 cost of the kit is to be paid at the time of pre-registration. Payments can be made at the Family Birthing Centre Reception Desk (7<sup>th</sup> floor G-wing) or Admitting Department (1<sup>st</sup> floor G-wing). No cash payments. We accept debit, credit card and cheque. Cash payments can be made through the Cashier's Office (1<sup>st</sup> floor C-wing).



## Selecting Your Preferred Room

**Room Selection:** The cost of your hospital stay is based upon a daily rate according to the type of room accommodation requested and valid government insurance coverage. The types of room accommodation are as follows:

- Standard Ward Room (3-4 patients per room)
- Semi-Private Room (2 patients per room)
- Private Room (1 patient per room)
- Private Deluxe Birthing Suite (1 patient per room)

Every attempt will be made to place you in your preferred room. If your first choice room type is not available, your second choice will be considered. If you do not have secondary insurance coverage for private accommodation, a **one(1) day deposit is required** for private room or private deluxe birthing suite requests. Please contact the Business Office if you have any questions regarding the deposit and/or refunds if you are not placed in your first or second choice preferred room accommodation.

**Private Insurance:** The hospital is not responsible for contacting your insurance company to inquire about your coverage. The deluxe private birthing suite is not covered by any insurance company. Insurance benefits may be discontinued during maternity leaves for mothers who are the primary holder of the insurance policy, please contact your employer or insurance company regarding your coverage. The patient is responsible to pay for all outstanding charges not paid by their insurance provider. For inquiries, please call the Business Office at **(416) 469-6580 ext. 6231**.

**Room Relocation:** During your stay you may be moved to another room. The hospital reserves the right to relocate patients. This is to accommodate another patient with a certain medical condition.

**Uninsured Patients:** Please call the Business Office at **(416) 469-6580 ext. 6231** to make for payment prior to your delivery date. Patients with interim federal health insurance coverage must present their original certificate with photo and all other patients should provide proof of identification (driver's license, passport) upon arrival. We accept Visa, Master Card, AMEX, debit, cheque and cash payments.

**Room Request:** You will be asked to complete the request for accommodation form and select your preferred room. You may not be placed in your preferred room if the request form is not completed.

To complete the form, please ensure that all of the sections are filled out and select your first choice and second choice preferred room. Also if you have insurance coverage through your employer, please provide the insurance provider name, your employer's name, insurance policy and certificate number.



## Family Birthing Centre Price List

### Family & Childbirth Education

- Prenatal Classes Includes: - Mom & Baby Post-Natal Groups \$220. per couple
  - Breastfeeding Class
  - Baby Care (Baby Bath & Massage)
- Postnatal Class \$80. per person
- Breastfeeding Class Only \$20. per couple
- Baby Care Class \$20. per couple
- Refresher Prenatal Class \$130. per couple
- Grandparents Classes \$40. per person
- Infant C.P.R. Class \$45. per person / \$80. per couple

### Preferred Room Accommodation

- Standard Ward Room - 3-4 Patients Per Room - Covered by OHIP
- Semi-Private Room - 2 Patients Per Room - Additional \$250. per day
- Private Room - 1 Patient Per Room - Additional \$295. per day
- Deluxe Private Room - 1 Patient Per Room - Additional \$320. per day

### Parent & Baby Start-up Kit

- Maternity Pack \$20. each package
  - Includes: - Vaginal Wash Bottle (Peri Bottle)
  - Baby Comb
  - Diapers
  - Sanitary Pads
  - Baby Wash Cloths
  - Disposable Soaker Pads
- Breast Feeding Pump Kit - Reusable - Double \$40. each kit
  - Reusable - Single \$20. each kit

### Circumcision Procedure

- Please make arrangements with the Paediatric Unit at (416) 469-6580 ext. 6590 before going home with your baby. Please note that this service is NOT covered by OHIP. \$320.

**IMPORTANT NOTE: ALL ABOVE CHARGES AND RATES ARE SUBJECT TO CHANGE WITHOUT NOTICE**



## Parent & Baby Learning Services

(416) 469-6130

### Child Birth Education Classes:

#### Pre-Natal & Post-Natal Classes

This program will prepare you for your birth experience. Learn what you might expect during your pregnancy birth, and early weeks with your baby. Take a hospital tour, watch videos, practice comfort measures such as breathing and massage, share concerns with other expectant parents. Our prenatal classes also include a Breastfeeding Class, a Baby Care Class (Baby Bath and Massage), and four post-natal classes. These classes cover a variety of topics including: adjustment to parenthood, staying fit, coping with fatigue and isolation, going back to work, daycare, weaning, child development and more. As well, these classes provide an opportunity to meet other parents and babies, to share experiences and provide support for the new parent. We offer the flexibility of choosing a time that is convenient for you. Please see the class registration form for class options.

#### Refresher Pre-Natal Class

This class is designed for those who have previously given birth. Please see the class registration form for class options.

#### Grandparents Classes

This class is designed for grandparents who would like to learn about what's new and what's changed in early infant development. Topics include car seat safety, skin to skin benefits, exercising with your grandchild, Dunstan Language of babies and much more.

#### Infant C.P.R. Class

This class will help you learn how to perform infant cardiopulmonary resuscitation (CPR) so that you will be prepared in the event of an emergency. Please see the class registration form for class options.

#### Breastfeeding Class

This class will provide you and your partner with information about the basics of breastfeeding and how to have a successful start. Please see the class registration form for class options.



[www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)



## Visitor Policy



The Maternal, Newborn & Child Health Service recognizes the important role that family and friends play in celebrating the birth of a new baby. We welcome and encourage family involvement in care and health teaching.

In order to support our moms and babies during their short stay with us, we limit the number of visitors in the department afterhours. Our moms and babies thank you for your co-operation.

- **Children under the age of 12 years must be accompanied by a responsible adult at all times; this adult should not be the birthing woman.**

*Please note that our visiting policy may change depending on external circumstances, such as, state of emergency, pandemic or any other public safety situations.*

## How can I ensure my privacy during my hospital visit?

### Registration Interview:

To keep your conversation private, a registration form is available to you upon request. Please fill out the form and hand it to the registration clerk.

### Telephone & Visitor Inquires:

When you register, we will ask you whether or not you would like anyone to know that you are in the hospital. If you answer “no”, anyone that calls, including your family members, will be told that we cannot provide this information.

### Your Privacy In The Waiting Room:

Your name will be called out in the waiting room. If you would like to be called by another preferred name, please notify the clinic staff.

If you have any questions regarding our privacy policy, please ask for our Privacy brochure. You can also contact our Privacy Officer at (416) 469-6580 x7781 ([privacy@tegh.on.ca](mailto:privacy@tegh.on.ca)).



## Health Equity Questionnaire

### WE ASK BECAUSE WE CARE

Dear Patient:

Michael Garron Hospital believes that all patients deserve equal access to high quality health care and support. Research has shown that demographic characteristics like age, gender, sexual orientation, country of origin, ethnicity, language, education and income can impact a person's health and the care they receive.

We want to better understand and design programs that meet the needs of the people who come to us for care. That is why we are asking you more detailed questions.

Please note:

- Your answers are for research and will not affect your care.
- Any information you provide will be **confidential**.
- This questionnaire is optional. If you do not want to answer a question, please choose '**Prefer not to answer**'.

Please return the completed questionnaire when you arrive at the hospital to pre-register.

Thank you! Information collected will help us know who we are serving, whether our patient's needs are being equitably met and where there are gaps in care.

For more information:

[www.torontohealthequity.ca](http://www.torontohealthequity.ca)

**We ask because we care**  
Health Equity Data Collection Research Project

What language do you feel most comfortable speaking in with your health-care provider?

Do you have any of the following disabilities?

Which of the following best describes your racial or ethnic group?

**Ontario**  
Toronto Central Local Health Integration Network  
Réseau local d'intégration des services de santé du Centre-Toronto

**Sunnybrook**  
HEALTH SCIENCES CENTER

**SickKids**

**Toronto Public Health**

**MICHAEL GARRON HOSPITAL**  
TORONTO EAST HEALTH NETWORK

**UHN**  
University Health Network  
University of Toronto

**St. Michael's**  
HEALTH CENTRE TORONTO

**ST JOSEPH'S**  
HEALTH CENTRE TORONTO

**WCH**  
WILLIAMS LUTHERAN CHURCH HOSPITAL

**Mount Sinai Hospital**  
Sinai Health System

**Providence Healthcare**

**camh**  
Centre for Addiction and Mental Health



## Why do we ask for your personal information?

Registration is an important step in your care. We must verify your identification, insurance and contact information each time you visit. We must also ask you screening questions to help prevent the spread of infectious disease.

### Why is your personal contact information so important?

In case we need to contact you for any reason regarding your care (e.g. abnormal test results, appointment cancellation, etc.).

### Why do we ask for your alternate contact person & substitute decision-maker?

You will be asked to provide your **substitute decision-maker (SDM)** information (name, address and telephone number). Your SDM is the person who will make health and personal care decisions for you if there is ever a time you are not capable of making them yourself. If you don't recognize this term or would like more information, please visit our website.

You will be asked to provide your **alternate contact person** information (name, address and telephone number). This person is not authorized to make health or personal care decisions, but may be someone who plays other important roles in your life. For example, some people may list a family member who is not their SDM, a friend, a neighbor or even a landlord.

### Why do we ask for your religion?

We ask for your religion to identify specific requirements that may be necessary to follow during emergency situations or for your dietary needs. Also, spiritual support services are available.

## How does my doctor obtain a copy of my medical reports?

### Will my family doctor receive a copy of my medical reports for this visit?

If we have your doctor's information in our computer system, after your visit we will automatically send to your family doctor any diagnostic reports (x-ray, CT, blood work, etc.), and physician consultation notes and discharge summary reports.

#### *IMPORTANT!*

- If we **do not** have your family doctor's information in our computer system, we will not be able to send your reports.
- If you do not have a family doctor, you may contact the College of Physicians & Surgeons of Ontario ([www.cpsso.ca](http://www.cpsso.ca)), Health Care Connect (1-(800) 445-1822) or Partners for Health ((416) 469-6363) for a list of doctors accepting new patients.

### How can I obtain a copy of my medical reports?

Please call the Release of Information Department at **(416) 469-6580 ext. 6273**. Also, you can register to access your medical records and future appointment information free online through **MyChart™**. For more information or to register, please go to the Health Records Release of information Department located on the 1<sup>st</sup> floor A-Wing.



## Information For Patients With No Valid Government Health Insurance Coverage

The cost of your Hospital stay is based upon a daily rate. Patients with **no valid** government health insurance coverage will be asked to make a deposit upon admission.

Please call the Business Office at **(416) 469-6580 ext. 6231**, to make arrangements for payment prior to your expected delivery date.

The visit service fees and daily room rates **DO NOT** include the following charges:

- **Other attending Physician/Specialist fees** (*fees charged to you directly by your doctor*)
- **Diagnostic/X-ray tests** (*these will be charged to you after your visit*)
- **Orthopaedic appliances** (e.g. crutches)
- **Ambulance transfer fee**
- **Operating Room visit**
- **Preferred Room Accommodation** (*e.g. semi-private, private and deluxe private*)

### How can I pay my hospital bill?

There are a variety of ways to pay your bill:

In-Person: **Cashier's Office**

8:00 a.m. - 3:00 p.m.

**Family Birthing Centre Reception Desk**

Monday - Friday

8:00 a.m. - 2:00 p.m.

7:30 a.m. - 10:30 p.m.

**Emergency Department**

Monday - Friday Anytime / 24 hours

**Admitting Department**

7 days a week (including holidays)

Monday - Sunday

Telephone: **Business Office**

(416) 469-6580 ext. 6231

Monday - Friday 8:00 a.m. - 4:00 p.m.



***\*Please note that our office hours may change due to operational needs.***



## SERVICE ONTARIO LOCAL OFFICES\*

[HTTP://WWW.ONTARIO.CA/SERVICEONTARIO](http://www.ontario.ca/serviceontario)



Lakeshore East Office 1025 Lake Shore Blvd. E.	Monday, Tuesday, Wednesday & Friday 8:00 am - 5:00 pm Thursday 8:00 am - 8:00 pm Saturday 8:00 am - 1:00 pm
O'Connor Office 1871 O'Connor Drive Unit 3&4	Monday, Tuesday, Wednesday & Friday 9:00 am - 5:00 pm Thursday 9:00 am - 8:00 pm Saturday 9:00 am - 1:00 pm
Cedarbrae Mall 3495 Lawrence Avenue E.	Monday to Friday 8:30 am - 5:30 pm Saturday & Sunday Closed
Downtown Office 150-33 Victoria Street	Monday, Tuesday, Wednesday & Friday 9:00 am - 5:00 pm Thursday 9:00 am - 7:00 pm Saturday 9:00 am - 1:00 pm
College Office 534 College Street	Monday, Tuesday, Wednesday & Friday 9:00 am - 5:00 pm Thursday 9:00 am - 8:00 pm Saturday 9:00 am - 1:00 pm
College Park Office 777 Bay Street Lower level (Ontario Ministry of Health Office)	Monday & Tuesday 8:00 am - 7:00 pm Wednesday & Friday 8:00 am - 5:00 pm Thursday 8:00 am - 8:00 pm
Toronto Office 47 Sheppard Avenue E. 4 <sup>th</sup> Floor Unit 417 (Ontario Ministry of Health Office)	Monday, Tuesday, Wednesday & Friday 8:30 am - 5:00 pm Thursday 8:30 am - 7:00 pm

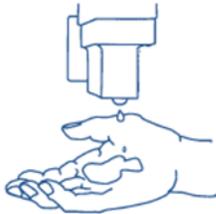
**IMPORTANT!** Please call **(416) 326-1234** or 1-(800) 267-8097 **before you visit** a Service Ontario office. You may need to go to a specific office location depending on your coverage situation. Thank you.

\* *Office locations and operating hours may change without notice.*



**We are a Smoke Free facility. Also, many people are sensitive and/or allergic to fragrance.**

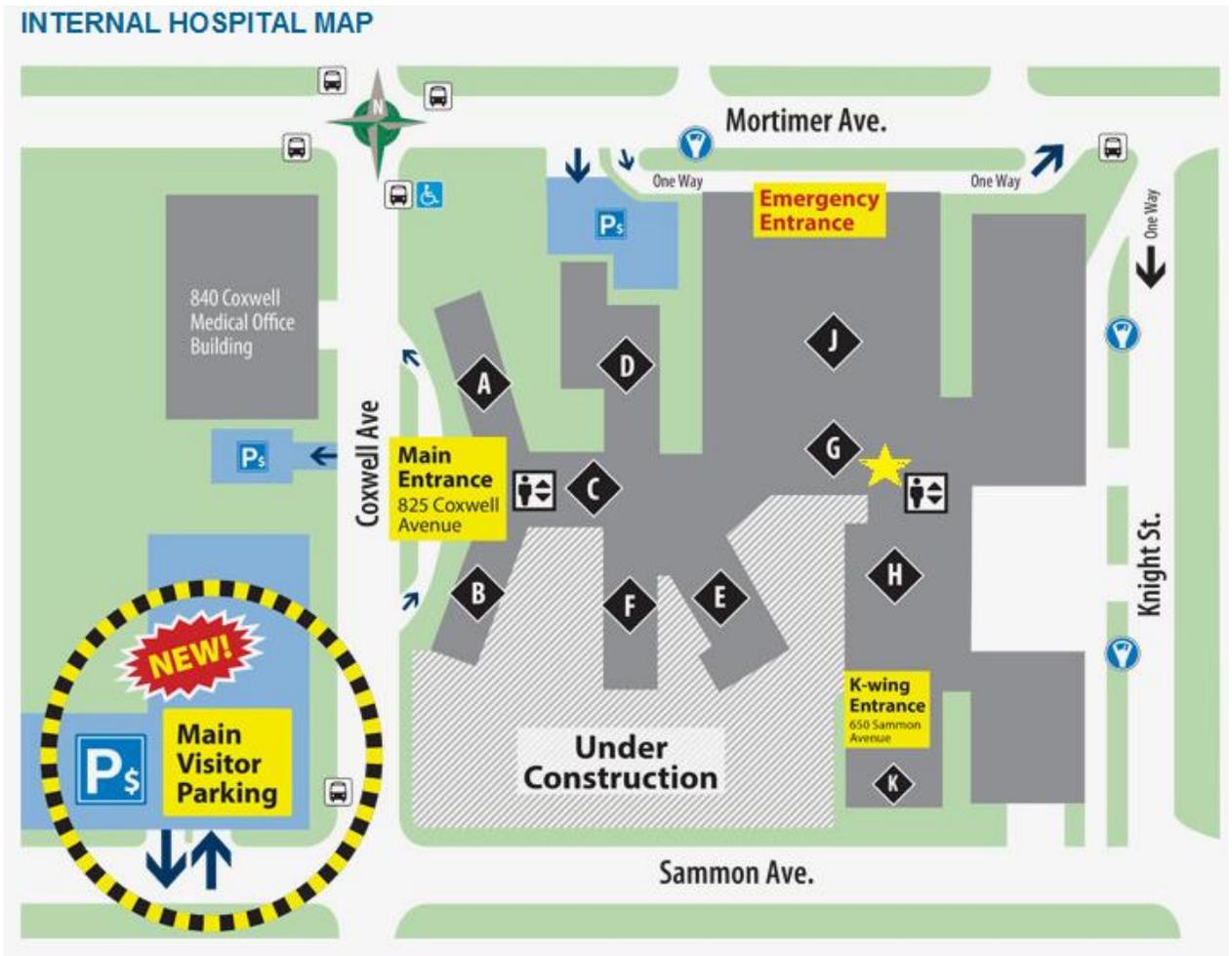
**We ask that you please reduce the use of products that contain scents.**



**Help us stop the spread of disease.  
Hand washing is important!**

**Please wash your hands before, during and after you visit the hospital. Thank you.**

<b>Family Birthing Centre:</b>	(416) 469-6130
<b>Maternal Triage Nurse:</b>	(416) 469-6580 ext. 6216
<b>General Inquiries:</b>	(416) 461-8272
<b>Donations:</b>	(416) 469-6003 foundation.tegh.on.ca
<b>Patient Rep. Office:</b>	(416) 469-6096 ptrep@tegh.on.ca
<b>Business Office:</b>	(416) 469-6580 ext. 6231
<b>Medical Records:</b>	(416) 469-6580 ext. 6273
<b>Our website:</b>	www.tehn.ca
 <b>Follow us on Twitter:</b>	@EastGeneral
 <b>Like us on Facebook</b>	



## Important Parking Notice

Public parking at Michael Garron Hospital has been relocated to the Sammon Avenue lot west of Coxwell Avenue due to construction.

If you have appointments schedule at the hospital, please arrive at least 15 minutes prior to your appointment time. Thank you.



Thank you for choosing Michael Garron Hospital  
(formerly Toronto East General Hospital)  
for your maternity and child birth education needs.

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Please complete and return the following attached forms:

- Pre-Admission Questionnaire
- Health Equity Questionnaire
- Request for Preferred Room Accommodation
- Parent & Baby Learning Class Registration Form

Please bring all of these forms with you when you arrive to  
pre-register for your delivery.

Please bring the forms to the Family Birthing Centre Reception  
Desk (G Wing, 7th Floor) Monday to Friday 7:00 am to 2:00 pm.  
or afterhours and weekends to the Admitting Department  
(G Wing, 1st Floor).

You can also fax your forms to the Admitting Department at  
416-469-7997.

IMPORTANT Telephone Number:

Maternal Triage Nurse  
**416-469-6216**

Thank you.

# **FAMILY BIRTHING CENTRE**

## **PRE-ADMISSION QUESTIONNAIRE**

Patient ID Label

Page 1

**Please complete all five pages and print clearly.**

FORM CPR-78 (REV. APR/20)

Welcome to Michael Garron Hospital. We are committed to the highest standards of patient care, teaching, kindness and respect. To prepare you for the upcoming birth of your baby, we ask that you please complete the following pre-admission questionnaire and request for room accommodation form carefully. Please return this questionnaire to the Family Birthing Centre reception desk (G Wing, 7<sup>th</sup> Floor) or afterhours to the Admitting Department (G Wing, 1<sup>st</sup> Floor). Your privacy to health information is of our utmost importance.

### **General Patient Information**

Last Name: \_\_\_\_\_ (as written on Health card or official documents)

First Name: \_\_\_\_\_ (as written on Health card or official documents)

I prefer to be called: \_\_\_\_\_ I use the pronoun:  He/him  Her/she  They/them

Date of Birth: MM/\_\_\_\_DD/\_\_\_\_YY/\_\_\_\_ Age \_\_\_\_\_ Your Baby's Due Date: MM/\_\_\_\_DD/\_\_\_\_YY/\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

OHIP/Provincial Health Card Number: \_\_\_\_\_ Expiry Date: MM/\_\_\_\_DD/\_\_\_\_YY/\_\_\_\_  
Number Version Code

If you do not have a health card, what is your status?  Visiting Canada  Landed Status  Immigrant  Refugee

Do you require an Interpreter?  No  Yes - Specify language \_\_\_\_\_

If yes you require an interpreter, will someone be accompanying you to the hospital?  No  Yes

Practicing Religion: \_\_\_\_\_ (We ask for your religion to identify specific requirements that may be necessary to follow during emergency situations or for your dietary and spiritual needs during your visit.)

Do you have a family doctor?  No  Yes - Family Doctor's name: \_\_\_\_\_

Family Doctor's Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Who will be delivering your baby?  Obstetrician  Family Doctor  Midwife

What is the name of the person delivering you baby: \_\_\_\_\_

### **Insurance Information For Semi-Private & Private Room Accommodation Requests**

Insurance Provider Name: \_\_\_\_\_ Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*Please complete all five pages and print clearly.*

**Your Contact Person Information**

**Alternate Contact Person in case of emergency or if we are unable to contact the patient:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Relation to me:  Husband  Partner  Parent  Son  Daughter  Brother  Sister  Aunt  Uncle  Cousin  
 Grandparent  Friend  Other \_\_\_\_\_

Their address is:  same as mine. If not the same, their address and phone number is:

Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**Substitute Decision-Maker (SDM) for your care:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Relation to me:  Husband  Partner  Parent  Son  Daughter  Brother  Sister  Aunt  Uncle  Cousin  
 Grandparent  Power of Attorney (Personal Care)  Other \_\_\_\_\_

Their address is:  same as mine. If not the same, their address and phone number is:

Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**YOUR PRIVACY**

We have an information pamphlet that explains what information we collect, how we use it and who we share it with. If you have any questions during your stay you can ask someone looking after you, or our privacy officer at [privacy@tegh.on.ca](mailto:privacy@tegh.on.ca) or (416) 469-6580 x7781.

**For Telephone & Visitor Inquires:**

When you are in hospital anyone can call in and ask about you. We can only confirm that you are a patient and give your location (unit or room number). Your nurse can provide your general condition (good, fair) to the caller. Only this information is released to the public. **If you decide 'NO' that you do not want this information to be available, we will NOT be able to provide it to anyone whether they are calling or here visiting you, this includes your spouse, partner, family, friend, etc.**

Can we provide this information if someone calls in or visiting you?  YES  NO

**Please complete all five pages and print clearly.**

**Medical History**

1. Do you have any Allergies:  No  Yes - If yes, please list what you are allergic to and your reaction:  
\_\_\_\_\_
2. Have you ever had any problems with:  sadness  eating  sleeping  anxiety  trauma  abuse  other (explain): \_\_\_\_\_
3. Have you ever been treated for depression or post-partum depression?  No  Yes
4. Would you like to speak to a Social Worker when you are admitted to the hospital?  No  Yes
5. Have you ever had a blood transfusion before?  No  Yes - If Yes why: \_\_\_\_\_
6. Do you have?  false teeth  caps  any loose teeth Also, do you have contact lenses?  No  Yes
8. My Height \_\_\_\_\_ Pre-pregnancy Weight \_\_\_\_\_ Current Weight \_\_\_\_\_
9. Number of previous pregnancies \_\_\_\_\_ Number of children \_\_\_\_\_ Age of children at home \_\_\_\_\_
10. Number of previous miscarriages/stillbirth/neonatal losses \_\_\_\_\_
11. Have you arranged care for your child(ren) while you are in the hospital?  No  Yes  
If No, please arrange for a responsible adult to care for your child(ren) while you are in hospital.
12. Number of Previous Cesarean Sections: \_\_\_\_\_ Number of Previous Vaginal Births: \_\_\_\_\_
13. Problems associated with this pregnancy (i.e. high blood pressure, diabetes, infections)?

**Expectations for the Birth**

1. Are you planning a vaginal birth?  No  Yes - **If No go to question seven (7)**
  2. How do you cope with pain? (Select one)  Very well  Well  Not very well  Not at all
  3. What strategies help you cope with pain? \_\_\_\_\_
  4. How would you want to be supported during your labour and birth?  
 Bath/shower  Birthing ball  Ambulating  Breathing techniques  Music  Other: \_\_\_\_\_
- Important Note:** *We strongly encourage you to practice supportive care in labour techniques prior to your hospital admission. Please call Toronto Public Health for more information on prenatal and postpartum services at 416-338-7600. We also provide Child Birth Education Classes.*
5. Are you considering medication for pain management?  No  Yes  Undecided
  6. Are you interested in having an epidural?  No  Yes  Undecided
  7. If you have had a Cesarean Section are you going to try to have a vaginal birth this time?  No  Yes
  8. If you are planning to have another Cesarean Section, what is the reason? \_\_\_\_\_
- If this is your first birth experience, go to question eleven (11):**
9. How was your last birth experience? Please explain \_\_\_\_\_  
\_\_\_\_\_
  10. Did you Breastfeed (also referred to as chest feeding) your other child(ren)?  No  Yes - If Yes how long? \_\_\_\_\_
  11. How do you plan to feed this baby:  Breastfeeding  Combination (Breastfeeding and Formula)  Formula  
 Expressed Breast milk  Other: \_\_\_\_\_

**Please complete all five pages and print clearly.**

### Social History

*Please note some of these questions are sensitive. Your privacy is of utmost importance. Answering the following questions will enable us to provide individualized support and resources.*

1. Will your partner be involved with your pregnancy/birth?   No   Yes   Undecided
2. Support person(s) in labour (list) \_\_\_\_\_
3. Do you have any help or support once your baby arrives?   Same as above   No help  
Other: \_\_\_\_\_
4. Are there any foods you do not eat?   No   Yes - If yes, list the foods: \_\_\_\_\_
5. Do you feel you eat a healthy diet?   No   Yes
6. Do you exercise?   No   Yes - If yes what kind of activities: \_\_\_\_\_
7. Do you ever have difficulties making ends meet at the end of the month?   No   Yes   Prefer not to answer
8. Do you feel safe in your current living situation?   No   Yes
9. Do you plan on returning to your current living situation?   No   Yes
10. Have you ever been or are you currently being physically or emotionally abused?   No   Yes  
(Assaulted Women's Helpline, free at 1-866-863-0511)
11. Did you drink alcohol prior to pregnancy?   No   Yes - If yes, how many drinks per week: \_\_\_\_\_
12. Do you currently drink alcohol?   No   Yes - If yes, how many drinks per week: \_\_\_\_\_
13. Did you smoke prior to pregnancy?   No   Yes - If yes, when did you stop smoking: \_\_\_\_\_
14. Do you currently smoke cigarettes?   No   Yes - If yes, how many cigarettes per day: \_\_\_\_\_
15. Does anyone in your house smoke?   No   Yes
16. Do you or your partner use street drugs?   No   Yes - If yes, explain: \_\_\_\_\_
17. Are you a student?   No   Yes - If yes: High School  College  University  E.S.L.
18. Do you plan to return to school?   No   Yes
19. Do you plan on taking prenatal classes?   No   Yes - If Yes, where are you taking prenatal classes?  
Michael Garron Hospital   Other \_\_\_\_\_
20. Would you like to speak to a hospital Social Worker after your delivery who can help provide support and community resources?   No   Yes
21. Do you have any concerns about this pregnancy or the birth? \_\_\_\_\_

## We Ask Because We Care

We are collecting social information from patients to find out who we serve and what unique needs our patients have. We will also use this information to understand patient experiences and outcomes.

### Do I have to answer all the questions?

No. The questions are voluntary and you can choose 'prefer not to answer' to any or all questions. This will not affect your care.

### Who will see this information?

This information will be completely confidential. If used in research, this information will be combined with data from all other patients and no one will be able to identify any of the patients.

## 1. What language would you feel most comfortable speaking in with your healthcare provider?

Check **ONE** only.

- |   |  |   |                                      |  |
|---|--|---|--------------------------------------|--|
| <input type="checkbox"/> 1. Amharic               | <input type="checkbox"/> 8. Dari         | <input type="checkbox"/> 15. Italian    | <input type="checkbox"/> 22. Russian | <input type="checkbox"/> 29. Tigrinya                        |
| <input type="checkbox"/> 2. Arabic                | <input type="checkbox"/> 9. English      | <input type="checkbox"/> 16. Karen      | <input type="checkbox"/> 23. Serbian | <input type="checkbox"/> 30. Turkish                         |
| <input type="checkbox"/> 3. ASL                   | <input type="checkbox"/> 10. Farsi       | <input type="checkbox"/> 17. Korean     | <input type="checkbox"/> 24. Slovak  | <input type="checkbox"/> 31. Twi                             |
| <input type="checkbox"/> 4. Bengali               | <input type="checkbox"/> 11. French      | <input type="checkbox"/> 18. Nepali     | <input type="checkbox"/> 25. Somali  | <input type="checkbox"/> 32. Ukrainian                       |
| <input type="checkbox"/> 5. Chinese (Cantonese)   | <input type="checkbox"/> 12. Greek       | <input type="checkbox"/> 19. Polish     | <input type="checkbox"/> 26. Spanish | <input type="checkbox"/> 33. Urdu                            |
| <input type="checkbox"/> 6. Chinese (Mandarin)    | <input type="checkbox"/> 13. Hindi       | <input type="checkbox"/> 20. Portuguese | <input type="checkbox"/> 27. Tagalog | <input type="checkbox"/> 34. Vietnamese                      |
| <input type="checkbox"/> 7. Czech                 | <input type="checkbox"/> 14. Hungarian   | <input type="checkbox"/> 21. Punjabi    | <input type="checkbox"/> 28. Tamil   | <input type="checkbox"/> 35. Other ( <i>Please specify</i> ) |
| <input type="checkbox"/> 88. Prefer not to answer | <input type="checkbox"/> 99. Do not know | _____                                   |                                      |  |

## 2. Were you born in Canada?

1. Yes    2. No - If **NO**, what year did you arrive in Canada? \_\_\_\_\_    88. Prefer not to answer    99. Do not know

## 3. Which of the following **best** describes your racial or ethnic group?

Check **ONE** only.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Asian- East (e.g. Chinese, Japanese, Korean)             | <input type="checkbox"/> 11. Latin American (e.g. Argentinean, Chilean, Salvadoran)        |
| <input type="checkbox"/> 2. Asian- South (e.g. Indian, Pakistani, Sri Lankan)        | <input type="checkbox"/> 12. Métis   |
| <input type="checkbox"/> 3. Asian- South East (e.g. Malaysian, Filipino, Vietnamese) | <input type="checkbox"/> 13. Middle Eastern (e.g. Egyptian, Iranian, Lebanese)             |
| <input type="checkbox"/> 4. Black - African (e.g. Ghanaian, Kenyan, Somali)          | <input type="checkbox"/> 14. White - European (e.g. English, Italian, Portuguese, Russian) |
| <input type="checkbox"/> 5. Black - Caribbean (e.g. Barbadian, Jamaican)             | <input type="checkbox"/> 15. White - North American (e.g. Canadian, American)              |
| <input type="checkbox"/> 6. Black - North American (e.g., Canadian, American)        | <input type="checkbox"/> 16. Mixed heritage (e.g. Black- African & White-North American)   |
| <input type="checkbox"/> 7. First Nations  | <i>(Please specify)</i> _____  |
| <input type="checkbox"/> 8. Indian - Caribbean (e.g. Guyanese with origins in India) | <input type="checkbox"/> 17. Other(s) ( <i>Please specify</i> ) _____                      |
| <input type="checkbox"/> 9. Indigenous/Aboriginal not included elsewhere             | <input type="checkbox"/> 88. Prefer not to answer  |
| <input type="checkbox"/> 10. Inuit   | <input type="checkbox"/> 99. Do not know   |

**4. Do you have any of the following?**

**Check ALL that apply.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. Chronic illness            | <input type="checkbox"/> 5. Mental illness                                   | <input type="checkbox"/> 9. None                  |
| <input type="checkbox"/> 2. Developmental disability   | <input type="checkbox"/> 6. Physical disability                              | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 3. Drug or alcohol dependence | <input type="checkbox"/> 7. Sensory disability (i.e. hearing or vision loss) | <input type="checkbox"/> 99. Do not know          |
| <input type="checkbox"/> 4. Learning disability        | <input type="checkbox"/> 8. Other (Please specify) _____                     |   |

**5. What is your gender?**

**Check ONE only**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1. Female                | <input type="checkbox"/> 3. Male                  | <input type="checkbox"/> 5. Trans- Male to Female        |
| <input type="checkbox"/> 2. Intersex              | <input type="checkbox"/> 4. Trans- Female to Male | <input type="checkbox"/> 6. Other (please specify) _____ |
| <input type="checkbox"/> 88. Prefer not to answer | <input type="checkbox"/> 99. Do not know          |  |

**6. What is your sexual orientation?**

**Check ONE only**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1. Bisexual              | <input type="checkbox"/> 3. Heterosexual ("straight") | <input type="checkbox"/> 5. Queer                        |
| <input type="checkbox"/> 2. Gay                   | <input type="checkbox"/> 4. Lesbian                   | <input type="checkbox"/> 6. Two-Spirit                   |
| <input type="checkbox"/> 88. Prefer not to answer | <input type="checkbox"/> 99. Do not know              | <input type="checkbox"/> 7. Other (please specify) _____ |

**7. What was your total family income before taxes last year?**

**Check ONE only**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1. \$0 to \$29,999       | <input type="checkbox"/> 3. \$60,000 to \$89,999  | <input type="checkbox"/> 5. \$120,000 to \$149,999 |
| <input type="checkbox"/> 2. \$30,000 to \$59,999  | <input type="checkbox"/> 4. \$90,000 to \$119,999 | <input type="checkbox"/> 6. \$150,000 or more      |
| <input type="checkbox"/> 88. Prefer not to answer | <input type="checkbox"/> 99. Do not know          |  |

**8. How many people does this income support? \_\_\_\_\_**

- |   |  |
|---|--|
| <input type="checkbox"/> 88. Prefer not to answer | <input type="checkbox"/> 99. Do not know |
|---|--|

***Thank you for participating!***

**Parent & Child Learning Classes  
Class Registration Form**

PATIENT ID LABEL

**(416) 469-6130 / MNC@tehn.ca**

(Class schedule available online at [www.tehn.ca](http://www.tehn.ca))

**IN PERSON:** Family Birthing Centre Reception Desk (7th Floor G-wing): Monday to Friday 8:00 am - 2:00 pm  
Admitting Department (1st Floor G-wing): Monday to Friday 2:00 pm-10:30 pm / Weekend & Holidays 8:00 am - 10:00 pm

*Important:* Your class date(s) will be scheduled after we receive your payment.

**Client Information: Please Print**

Client Last Name:		Given Name:		Date of Birth: (Day / Month / Year)	
Address:			Apt#:		Telephone Number - Home:
Town or City:		Province:		Postal Code:	
Health Card Number:		Support Person:		Expected Delivery Date:	
Telephone Number - Other:		Telephone Number - Other:			

**SPOUSE/PARTNER/OTHER INFORMATION: PLEASE COMPLETE FOR PRENATAL AND INFANT C.P.R. CLASSES**

Spouse/Partner Last Name:		Given Name:		Telephone Number - Home:	
Date of Birth: (Day / Month / Year)		Ontario Health Card Number and Version Code		Telephone Number - Other:	

How did you find out about our program?  Obstetrician  Midwife  Friend/Relative  \_\_\_\_\_

**Class Selection: Please select only one option for the Prenatal Class (Option A or B)**

Classes:	Class Day & Duration:	Class Fees:
<input type="checkbox"/> <b>CHILD BIRTH EDUCATION CLASSES</b> <span style="float: right;"><b>\$220.00 per couple</b></span> Includes the following classes: (please select only <u>one</u> option A or B) <ul style="list-style-type: none"> <li><input type="radio"/> <b>OPTION A (7 Classes)</b> <ul style="list-style-type: none"> <li>- Prenatal Class &amp; Tour (select one only) <input type="radio"/> Saturday 9:00 a.m. - 5:30 p.m. <b>or</b> <input type="radio"/> Sunday 9:00 a.m. - 5:30 p.m.</li> <li>- Baby Care Class (select one only) <input type="radio"/> Tuesday 7:30 p.m. - 9:30 p.m. <b>or</b> <input type="radio"/> Thursday 7:30 p.m. - 9:30 p.m.</li> <li>- Breastfeeding Class</li> <li>- Postnatal Class</li> </ul> </li> <li><input type="radio"/> <b>OPTION B (11 Classes)</b> <ul style="list-style-type: none"> <li>- Prenatal Class &amp; Baby Care Class</li> <li>- Breastfeeding Class</li> <li>- Tour</li> <li>- Postnatal Class</li> </ul> </li> </ul>		
<input type="checkbox"/> <b>BREASTFEEDING CLASS ONLY</b>	Monday 7:00 p.m. - 8:30 p.m.	<b>\$20.00 per couple</b>
<input type="checkbox"/> <b>BABY CARE CLASS ONLY</b>	Tuesday or Thursday 7:30 p.m. - 9:30 p.m.	<b>\$20.00 per couple</b>
<input type="checkbox"/> <b>POSTNATAL CLASS ONLY (Parent &amp; Baby Only)</b>	Fridays 12:15 p.m. - 2:15 p.m. (4 afternoon classes)	<b>\$80.00 per person</b>
<input type="checkbox"/> <b>REFRESHER PRENATAL CLASS</b>	Class Arranged Individually	<b>\$130.00 per couple</b>
<input type="checkbox"/> <b>GRANDPARENTS CLASS</b>	Sunday 7:00 p.m. - 10:00 p.m.	<b>\$40.00 per person</b>
<input type="checkbox"/> <b>INFANT C.P.R. CLASS</b>	Thursdays 6:00 p.m. - 7:30 p.m. (Classes scheduled once a month only)	<b>\$45.00 per person <u>or</u> \$80.00 per couple</b>

**Method of Payment: Your class confirmation letter and your official tax receipt will be mailed to address listed above**

**Class Fees:** **Total Payment:** \$ \_\_\_\_\_

**Payment Method:**  Debit  Visa  Master Card  American Express

FORM CPR 76 (REV: AUGUST 28, 2019)

**For Office Use Only:**

DATE PAYMENT RECEIVED | INVOICE NUMBER | BUSINESS OFFICE STAFF | DATE CONFIRMATION MAILED | SCHEDULED AND MAILED BY