Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.:			

Obstetrics Booking Form

Please **Fax** to GHK OBS Ward Fax no.: 3903 3429 Tel no.: 3153 9303

Cross out the inappropriate alternative** # ***Please tick

Doctor Name / Code	Name:_____ Code: _____
Doctor's Clinic Contact Number	Clinic Tel no.: _____ Fax : _____
Mother Particulars	▪ Name: _____ ▪ *HK Permanent Resident / HK Resident ▪ DOB: _____ ▪ Tel No: _____ # Travel Document Type: ❑ HKID ❑ Passport ❑ Two-way permit ▪ Travel Document No.: _____
Husband Particulars	▪ Name: _____ ▪ *HK Permanent Resident / HK Resident ▪ Tel No: _____ ▪ # Travel Document Type: ❑ HKID ❑ Passport ❑ Two-way permit
Last Menstruated Date (LMP)	DD/MM/YY: _____
Expected Date of Confinement (EDC)	DD/MM/YY:_____(By Date)_____(By USG)
***1st Exam at Doctor's Clinic/ GHK**	Date: _____
One Month after EDC	Date:_____(By Date)_____(By USG)
No. of Fetus	*Singleton / Multiple
Room Type	# ☐ Standard ☐ Semi-Private Single ☐ Private Single ☐ Family Suite

Official Use Only	
OBS Booking Reference Number	_____
Faxed date	# ☐ BO office ☐ BMU ☐ Dr.'s Clinic

Doctor's Signature: _____ **Date:**_____