

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

Obstetrics Booking Form

Please FAX to GHK Labour Ward. Fax no.: 3903-3412 Tel no.: 3153-9277

Doctor Name / Code	Name: _____ Code: _____
Doctor's Clinic Contact Number	Clinic Tel no.: _____
Mother Particulars	<ul style="list-style-type: none"> ▪ Name: _____ ▪ *HK Permanent Resident / HK Resident ▪ Travel Document Type : <ul style="list-style-type: none"> <input type="checkbox"/> HKID <input type="checkbox"/> Passport <input type="checkbox"/> Two-way permit ▪ Travel Document No.: _____ ▪ Travel Document Expiry Date: _____
Husband Particulars	<ul style="list-style-type: none"> ▪ Name: _____ ▪ *HK Permanent Resident / HK Resident ▪ Travel Document Type: <ul style="list-style-type: none"> <input type="checkbox"/> HKID <input type="checkbox"/> Passport <input type="checkbox"/> Two-way permit ▪ Travel Document No.: _____
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	DD/MM/YY: _____
One Month after EDC	DD/MM/YY: _____ (By Date) _____ (By USG)
No. of Fetus	*Singleton / Multiple

**Cross out the inappropriate alternative.*

Official Use Only	
OBS Booking Reference Number	_____

Doctor's Signature: _____

