

Bay Area Birth Center Client Registration Form

Please complete, print and sign this form in preparation for your initial visit. PLEASE TYPE OR PRINT CLEARLY.

CLIENT NAME		Last	First	Middle	Maiden
Address:			Employer:		
City:		State:	Zip:	Employer Address:	
Home Phone #:		Cell #:		City:	State: Zip:
E-mail address:			Employer Phone:		
Birth Date:		Birthplace: (State or foreign country)		Job Title or Position:	
Drivers License #:			How long at present Employer?		
Social Security Number:			Do you have insurance which covers the pregnancy? Yes__No__		
Married? Yes__ No__ Common Law__ Needed information for the birth certificate.			If "yes", please fill out the Insurance Worksheet and Assignment of Benefits form!		
Are you Medicaid eligible? Yes __ No __ Don't know __ If yes, please give your Medicaid #: _____					
Father of the Baby: Full Name (Last, First, Middle)					
Date of Birth:					
Birthplace: (state or foreign country)			Cell Phone:		
			Work phone:		
Social Security Number:			Employment Full time__ Part time__ Retired__ Unemployed __		
Employer:			Do you have Insurance which covers the pregnancy? __Yes __No		
Occupation:			If "yes", please fill out the Insurance Worksheet and Assignment of Benefits form!		
Physician's Name:				Phone:	
Any religious preference you would like me to know about?					
Nearest relative not residing with you:				Phone:	
Who may I thank for referring you? _____ How did you find Bay Area Birth Center? __Facebook__ Google ads __Search Engine: _____ __ BayAreaBirthCenter.com __ Another website: _____ __AT&T Yellowpages __ Greater CC Yellowpages __TV __Radio __Other: _____				Phone:	
In case of emergency please contact:				Phone:	

Signature: _____ Date: _____