



Rush-Copley

Labor & Delivery Pre-Registration Form

Dear Patient, Thank you for choosing Rush-Copley Medical Center for your delivery. In order to provide you with the most efficient registration on the day of your delivery, we ask that you complete the following form. Your physician will send it to us on or before your 36 week exam.

On the day of your delivery you will be asked to present a photo ID and insurance card for verification purposes. If you have any questions or concerns regarding the information below, feel free to contact us at [630-499-2346](tel:630-499-2346) and a Rush-Copley Admission Advisor will be happy to help you.

Patient Information

Last Name	First Name	Middle Initial	Birthdate	Age
Social Security#	Marital Status	Race	Expected Due Date	
Home Address				County
Home Phone#		Cell Phone #		

Employment Information

Employer's Name	Employer's Address
Employer's Phone#	Occupation

Spouse/Baby's Father Information

Last Name	First Name	Middle Initial	Birthdate	Social Security #
Home Address				County
Home Phone #		Cell Phone#	Relation to Patient	
Employer's Name		Employer's Address		
Employer's Phone#		Occupation		

Patient's Financial Information ** Attach Copy of Insurance Cards **

Insured Name	Relationship to Patient
Name of Insurance Company	Insurance Company Phone #
Identification Number	Group Number

Patient's Physician Information

Name of Primary Care Physician	Name of Baby's Pediatrician
Name of OB/GYN	

Breast Feeding Preference

Are you planning to breast feed your baby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
Did your healthcare provider educate you on the benefits of breast feeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MD Office Staff, on or before 36 week exam :
TO FACILITATE AN EFFICIENT ADMISSION PROCESS FOR OUR PATIENT,
THIS COMPLETED FORM AND COPIES OF INSURANCE CARDS MUST BE FAXED TO
(630) 898-4185. THANK YOU! 😊