



MACLUUMAADKA IS DIIWAAN GELINTA IYO SHAHAADADA DHALASHADA
PREREGISTRATION AND BIRTH CERTIFICATE INFORMATION

Fadlan foomkan diiwaangwalinta u soo dir isbitaalka sida ugu dhaqsaha badan, ugu dambeyn todobaadka 28aad. Kuna soo hagaaji Admissions.Waxa aad foomka ka buuxin kartaa foomka is diiwaan gelinta MyChart. Mahadsanidiin!

Please send in this preregistration form to the CentraCare hospital you will be delivering at as soon as possible, attn. Admissions. Be sure to have this form completed before week 28. You also can complete this preregistration form on MyChart. Thank you!

Taariikhda la filayo inaad dhsho: _____ Magaca awoowaha ee ilmaha: _____
Estimated date of baby's birth: _____ Baby's last name will be: _____

Ma dooneysaa in loo codsado ilmaha Lambarka Bulshada (social security) marka uu dhsho? Goobaabin geli: Haa Maya
Do you want a social security number ordered for your baby at birth? Circle: Yes No

MACLUUMAADKA BUKAANKA
PATIENT'S INFORMATION

Magaca bukaanka ee aqoonsiga: Magacaaga: _____ Magaca Aabaha: _____ Magaca Awoowaha: _____
Patient's legal name: First: Middle: Last:

Cinwanka aad degan tahay: _____ Magaalada: _____ Gobolka: _____ Nawaaxiga: _____
Street address: City: State: ZIP:

Cinwaanka warqadaha loogu diro (haddii uu ka duwan yahay kan kore): _____ Telefoonka Guriga: _____
Mailing address (if different from above): Home phone number:

Magaalada: _____ Gobolka: _____ Nawaaxiga: _____
City: State: ZIP:

Degmada: _____ Magaalada? _____ Haddii aadan magaalo daganeyn, sheg magaca tuulada: _____
County: In city limits? If out of city, give township:

Xaalada Bulsho: Mid Goobaanin Geli: Xaas Doob Kala nool Is furay Garoob
Marital status: Circle: Married Single Separated Divorced Widowed

Ku dhashay: Magaalada: _____ Gobolka(haddii uu ku dhashay USA): _____ Wadanka: _____ Magaca Shahaadada Dhalshada _____
Birthplace: City: State (if born in USA): Country: Name on birth certificate:

Taariikhda dhalashada: _____ Lambarka Bulshada (social security): _____
Date of birth: Social security number:

Afka ay ku hadasho: _____ Maku hadashaa afka Ingiriisiga? _____
Preferred language: Do you speak English?

Heerka waxbarashada (sanado): Dugsi Dhexe/sare (K-12): _____ Kuliyad: _____ Xirfad: _____
Education (years): Primary/secondary (K-12): College: Technical:

Shahaadada aad qaadatay? Mid Goobaanin Geli: Laba sano kuliyad ah Jaamacadeed Master Daktoora
Degree completed? Circle: Associate Bachelor Bachelor Master Doctorate

Shaqada: _____ Lambarka Telefoonka: _____ Cinwaanka: _____
Employer: Phone number: Address:

Diinta: _____ Goobta cibaadada: _____
Religion: Place of worship:

Ma qeyb qaadatay barnaamijka WIC markii aad uurka laheyd? Mid Goobaanin Geli Haa Maya
Did you participate in the WIC nutritional program during this pregnancy? Circle: Yes No

Haddii aad dooratay "haa" bishee ayaad bilowday WIC markii aad uurka laheyd (1aad, 2Aad, 3aad, iwm.)? _____
If you circled "yes," what month of the pregnancy did WIC begin (1st, 2nd, 3rd, etc.)?

Miisaanka uurka ka hor: _____ Booqashadii ugu horeysay ee dhakhtarka (BISHA/MAALINTA): _____
Pre-pregnancy weight: First prenatal visit (MM/DD):

Isticmaalka tubaakada? Mid ka dooro: Haa Maya Haddii aad haa ku jawaabtay mid dooro: sigaar, la ruugo, tubada la dhuuqo (vape),
Haddii aad haa ku jawaabtay, imisa xabo maalintii? Sigaarka _____ la ruugo _____ tubada la dhuuqo _____
Nicotine use: Circle: Yes No If yes, circle: cigarette chew vape If yes, number per day: cigarettes _____ chew/dip _____ vape cartridges _____

Waalidka Kaligood Ah: Ma dooneysaa in macluumaadka dhalashada laga dhigo mid dadweynaha u furan oo lagu qoro diiwaanka
maxkamadda? Mid Goobaanin Geli: Haa Maya
Single parents: Do you want the birth to be public information at the county courthouse? Circle: Yes No

Haddii aad dooratay "haa" dhalashada ilmaha waxaa lagu qorayaa wargeyska.
If you circled "yes," your baby's birth will be listed in the newspaper.

MACLUUMAADKA WAALIDKA #2 (MACLUUMAAD DHEERAAD AH HOOS KALA SOCO) PARENT #2 INFORMATION (SEE MORE INFORMATION BELOW)

Magaca waalidka #2: Magaca _____ Magaca Aabaha _____ Magaca Awoowaha: _____
Parent #2 name: First: Middle: Last:

Cinwaanka warqadaha loogu diro (haddii uu ka duwan yahay kan kore): _____ Telefoonka Guriga: _____
Mailing address (if different from above): Home phone number:

Magaalada: _____ Gobolka: _____ Nawaaxiga: _____
City: State: ZIP:

Degmada: _____ Magaalada? _____ Haddii aadan magaalo daganeyn, sheg magaca tuulada (township): _____
County: In city limits? If out of city, give township:

Xaalada Bulsho: Mid Goobaanin Geli: Xaas Doob Kala nool Is furay Garoob
Marital status: Circle: Married Single Separated Divorced Widowed

Ku dhashay: Magaalada: _____ Gobolka (haddii uu ku dhashay USA): _____ Wadanka: _____ Magaca shahaadada dhalashada _____
Birthplace: City: State (if born in USA): Country: Name on birth certificate:

Taariikhda dhalashada: _____ Lambarka Bulshada ee hooyada (social security): _____
Date of birth: Social security number:

Heerka waxbarashada (sanado): Dugsi Dhexe/sare (K-12): _____ Kuliyad: _____ Xirfad: _____
Education (years): Primary/secondary (K-12): College: Technical:

Shahaadada aad qaadatay? Mid Goobaanin Geli: Laba sano kuliyad ah Jaamacadeed Mastar Daktoora
Degree completed? Circle: Associate Bachelor Master Doctorate

Shaqada: _____ Lambarka Telefoonka: _____ Cinwaanka: _____
Employer: Phone number: Address:

Diinta: _____ Goobta cibaadada: _____
Religion: Place of worship:

MACLUUMAADKA DHALASHADII HORE PATIENT'S PREVIOUS BIRTH INFORMATION

Imisa xaruur ah ayaa iminka kuu nool? _____ Imisa caruur ah ayaa kaa dhimatay? _____
How many children are now living? How many were born alive, but are now deceased?

Imisa ayaad dhicisay/oo weli dhashay _____ taariikhdi kuugu dambaysay? _____
How many miscarriages/stillbirths? Date of last loss?

Taariikhdi kuu dambaysay ilmo aad nolol ku dhasho (uurkan ka hor): Bisha: _____ Sanadka: _____
Date of last live birth (prior to this pregnancy): Month: Year:

MACLUUMAADKAD DHAKHTARKAAGA

PROVIDER INFORMATION

Dhakhtarkaaga: _____ Dhakhtarka qoyska: _____
Your provider/doctor: Primary or family provider/doctor:

Dhakhtarka ilmaha: _____
Baby's provider/doctor:

LABA QOF OO LALA XIRIRO XAALADDA DEGEDEGGA AH

TWO EMERGENCY CONTACTS

Magaca Qofka: _____ Xiriirka uu la leeyahay bukaanka: _____
Name of contact person: Relationship to patient:

Telefoonka Guriga: _____ Telefoonka Gacanta: _____ Telefoonka shaqada: _____
Home phone: Cell phone: Work phone:

Magaca Qofka: _____ Xiriirka uu la leeyahay bukaanka: _____
Name of contact person: Relationship to patient:

Telefoonka Guriga: _____ Telefoonka Gacanta: _____ Telefoonka shaqada: _____
Home phone: Cell phone: Work phone:

CEYMISKA

INSURANCE

Ka dooro sanduuqa ku haboon ee hoose. Fadlan kaarkaaga caafimaadka horey ugu soo qado isbitaalka.

Check appropriate space below. Please bring your insurance card with you to the hospital.

Medicare: Lambarka aqoonsiga: _____ Ceymiska: Mid ka dooro: _____ A & B A kaliya B kaliya
Medicare: I.D. number: Coverage: Circle one: A & B A only B only

Blue Cross/Blue Shield: Cida ceymiska ku qoran: _____
Blue Cross/Blue Shield: Policy holder's name:
Lambarka Aqoonsiga _____ Lambarka Kooxda (group) _____
I.D. number: Group number:

MN Health Care Program/Medical Assistance (Ceymiska goblka/dawladda): Lambarka _____
MN Health Care Program/Medical Assistance: Number:

Ceymis kale:

Other Insurance:

Magaca shirkadda ceymiska: _____
Name of insurance company:

Cida ceymiska ku qoran: _____
Policy holder's name:

Lambarka Aqoonsiga _____ Lambarka Kooxda (group) _____
Policy number: Group number:

Magaca shirkadda ceymiska: _____
Name of insurance company:

Cida ceymiska ku qoran: _____
Policy holder's name:

Lambarka Aqoonsiga _____ Lambarka Kooxda (group) _____
Policy number: Group number:

FURTHER READING:

[Establishing parentage / Minnesota Department of Human Services \(mn.gov\), https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/establishing-parentage.jsp](https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/establishing-parentage.jsp)



[Legal fathers / Minnesota Department of Human Services \(mn.gov\), https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/legal-fathers.jsp](https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/legal-fathers.jsp)



[When a mother is married to someone other than the biological father / Minnesota Department of Human Services \(mn.gov\), https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/when-a-mother-is-married-to-someone-other-than-the-biological-father.jsp](https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/when-a-mother-is-married-to-someone-other-than-the-biological-father.jsp)

