

Klinik Sankt Elisabeth  
Max-Reger-Str. 5-7  
69121 Heidelberg  
Phone Kreißsaal: 06221 - 488 2450  
Fax: 06221 - 488 208  
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## Application for admission

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Profession: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Street: \_\_\_\_\_

Postcode: \_\_\_\_\_ Town: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Gynecologist: \_\_\_\_\_

Name of spouse/Life partner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Health insurance: \_\_\_\_\_

Additional insurance (if available): \_\_\_\_\_

I wish to stay in a: ☐ 3-bed-room (Standard for public healthcare)

I wish the following optional service:

- Medical: ☐ Chief Physician Treatment
- Accommodation: ☐ 2-bed-room ☐ 1-bed-room ☐ family room

Previous births (date): \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Allergies (Hypersensitivities): \_\_\_\_\_

Estimated due date: \_\_\_\_\_

Blood type and rhesus factor: \_\_\_\_\_

Particularities during pregnancy: \_\_\_\_\_

Comments and wishes: \_\_\_\_\_

**You can send this filled-out form to the delivery room of the Clinic St. Elisabeth by post, in person or via mail.**

\_\_\_\_\_  
place, date

\_\_\_\_\_  
signature

\_\_\_\_\_  
date and time of inpatient admission (to be completed by midwife)