



Great Expectations Pre-Admission Form

Patient

Expected Date of Delivery _____

Last Name _____ First Name _____ MI _ Birthdate _____

Maiden Name _____ Social Security No. _____ Religion _____

Address _____ City _____ ST. _____ Zip _____

Phone ____/____/____ OB Physician _____ Family Physician _____

Employer _____ Occupation _____ Work Phone ____/____/____

Employer Address _____

Spouse or Significant Other

Last Name _____ First Name _____ MI _____

Social Security No. _____ Religion _____ Birthdate _____

Address _____ City _____ Zipcode _____

Phone ____/____/____ Family Physician _____

Employer _____ Occupation _____ Work Phone ____/____/____

Employer Address _____

Emergency Notification (Other than Spouse or Significant Other)

Name _____ Relationship _____ Home Phone ____/____/____

Address _____ City _____ ST. ____ Zip Code _____



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