



Stony Brook **Southampton Hospital**

The Kathleen D. Allen Maternity Center

Dear Mother-to-be,

On behalf of the Kathleen D. Allen Maternity Center we would like to extend our congratulations and let you know that we are looking forward to being a part of one of the most exciting times in your life.

Since you will be calling upon our services at the Kathleen D. Allen Maternity Center in the near future, we would like to invite you to tour our maternity department. The staff is very proud of our beautiful, comfortable, home-like birthing rooms. A visit will give you an opportunity to meet our nursing staff and to ask any questions you may have.

Enclosed is the Maternity Education calendar and descriptions of our programs. To register for any of these classes, please call (631) 726-8630 and leave a message. Our Maternity Center coordinator will return your call.

In order to make your admission as smooth as possible, we have enclosed several forms that need to be completed by your 7th month of pregnancy. Prior to your delivery date, we request that you stop by the Admitting Office located just off the Hospital's front entrance lobby so that you may sign both your chart and your baby's chart. Bring completed forms with you, along with any health insurance cards and policy numbers, as this will greatly assist the process of submitting your insurance claim.

If you have any questions regarding your pre-registration, please call the Admitting Office at (631) 726-8630. Any questions pertaining to the Maternity Center may be directed to Linda C. Fox, BSN, RN, Nurse Manager of obstetrics, at (631) 726-8630.

Sincerely,

A handwritten signature in blue ink that reads "Linda C. DeZubiria".

Linda C. DeZubiria BSN, RN

Nurse Manager, Obstetrics



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Dear Parent-to-be,

The staff of the Kathleen D. Allen Maternity Center is looking forward to welcoming you and your baby. The safety of mothers and their babies is our most important priority and we would like to inform you about an important vaccination for Pertussis, or whooping cough as it is commonly called.

New York State Governor Andrew Cuomo has signed a law that requires all hospitals with newborn nurseries to offer and provide Tdap vaccination to parents and anticipated caregivers of all newborns being treated in the hospital following their births. Whooping cough is an acute infectious disease. It is highly communicable and newborns are at high risk. Fortunately, it is a vaccine preventable disease, and by offering parents and caregivers the vaccination, we will be protecting vulnerable babies. Mothers will be offered the vaccine, known as Tdap, after the birth of their baby. If you have a significant other or there are others who will be caring for your baby and wish to be vaccinated, we will make arrangements for them to receive the vaccine in the Hospital.

Some primary care physicians may also be offering the Tdap vaccine in their offices. Please contact your physician if you would like to receive the vaccine in his or her office instead of the Hospital. It is important to protect yourself and your newborn against this disease. If you have any questions or concerns, please do not hesitate to contact me at (631) 726-8630

Sincerely,

A handwritten signature in blue ink that reads "Linda C. DeZuberia".

Linda C. DeZuberia, BSN, RN

Nurse Manager, Obstetrics



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Maternity

Pre-Admission Registration



Please complete and mail to 240 Meeting House Lane, Southampton, NY 11968 or deliver to the Hospital's Admission Department adjacent to the front Lobby.

NAME _____ AGE _____ DATE OF BIRTH (MO/DAY/YR) _____

ADDRESS _____

Street

City

State

Zip Code

MAILING ADDRESS _____

Street or PO Box

City

State

Zip Code

PHONE () _____ EMAIL _____

BIRTHPLACE _____ RELIGION _____

OCCUPATION _____ EMPLOYER NAME _____

ADDRESS _____

Street

City

State

Zip Code

ALLERGIES (FOOD) _____ (DRUGS) _____

MEDICAL CONDITIONS _____

NAME OF NEAREST CONTACT _____ RELATIONSHIP _____ PHONE () _____

SINGLE

MARRIED

WIDOW

SEPARATED

DIVORCED

SPOUSE/PARTNER NAME _____ DATE OF BIRTH _____

PATIENT'S MOTHER'S MAIDEN NAME _____ PATIENT'S FATHER'S NAME _____

OBSTETRICIAN'S NAME/GROUP _____

HAVE YOU BEEN A PATIENT IN STONY BROOK SOUTHAMPTON HOSPITAL BEFORE? YES NO

APPROX. DATE _____ PHYSICIAN'S NAME _____

DUE DATE (MO/DAY/YR) _____

BABY'S LAST NAME _____ BABY'S PEDIATRICIAN OR PHYSICIAN _____

INSURANCE INFORMATION: PLEASE ATTACH A COPY OF YOUR INSURANCE CARD/S (FRONT AND BACK) TO THIS FORM

PRIMARY INSURANCE _____ POLICY# _____ GROUP# _____

POLICY HOLDER'S NAME _____ RELATIONSHIP TO PATIENT _____

POLICY HOLDER'S EMPLOYER _____ PHONE () _____

SECONDARY INSURANCE _____ POLICY# _____ GROUP# _____

SECONDARY POLICY HOLDER'S NAME _____

SECONDARY POLICY HOLDER'S EMPLOYER _____ PHONE () _____

HAVE YOU NOTIFIED INSURANCE? YES NO AUTHORIZATION # _____

MEDICAID PATIENT CARD # _____ BABY CARD # _____

PATIENT'S SOCIAL SECURITY # _____ SPOUSE/PARTNER SOCIAL SECURITY # _____



Following the birth of your baby, his/her care in the Nursery will be under the supervision of one of the physicians listed below. Only the physicians listed below will be able to care for your baby while in the Nursery. The physician on duty will be in charge of your baby's care. However, once your baby leaves the Hospital, you may take him/her to the physician of your choice.

Prior to your delivery, you must choose a physician practice that you will use to care for your infant after you leave the Hospital. **CONTACT YOUR INSURANCE PROVIDER TO SEE IF THE PHYSICIAN IS COVERED BY YOUR INSURANCE PLAN.** Call the physician's office in advance of delivery to make an appointment to discuss any questions you may have regarding nursing, bottle-feeding, or general baby care.

By the 7th month of your pregnancy, 1) check the box next to the physician you have selected below, 2) enter the physician's name on the Pre-Admission form and the Pre-Admission Registration to the Hospital in the enclosed self-addressed envelope.

Pediatricians

HAMPTON PEDIATRICS

444 North Sea Road
Southampton, NY 11968
(631) 283-4843

Nadia Persheff, MD

EAST END PEDIATRICS

200 Pantigo Road, Suite E
East Hampton, NY 11937
(631) 324-8030

Gail Schonfeld, MD
 David Lado, MD
 Antony Perry, MD

SOUTHAMPTON PEDIATRICS

325 Meeting House Lane, Suite B
Southampton, NY 11968
(631) 283-7733

Joseph Quinn, MD
 Robert Gottlieb, MD
 Alexandra Halitsky, MD
 Fay Mokhtari, MD

Family Practice

MEETING HOUSE LANE MEDICAL PRACTICE, PC

Elizabeth White-Fricker, DO; Wainscott (631) 537-3765
 Lara A. DeSanti-Siska, MD; Wainscott (631) 537-3765
 Diana Immenhausen, DO; Sag Harbor (631) 725-2112
 Angana Homchaudhuri, DO; Hampton Bays (631) 728-0505

OTHER _____

The physician practice that I have chosen is not on the above list, so I understand that I will be assigned a physician from the above list to care for my baby while in the Hospital.

Mother's Name _____ Due Date _____

Mailing Address _____

Email Address _____

Phone () _____ Cell Phone () _____