



**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, shag 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 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 Mastar Daktoora  
*Degree completed? Circle: Associate 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 Daktooraa  
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 aya 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)