Enrolment form
maternity programme

gems
Government Employees Medical Scheme

Section A: General information (to be completed by the expectant mother)

Details of main member:

Membership no ☐ Option: ☐ Sapphire ☐ Beryl ☐ Ruby ☐ Emerald ☐ Onyx

Surname ☐ Title ☐ Initials ☐

Tel no (H) ( ) (W) ( ) Cell phone no

Email

Details of expectant mother: (if not the same as above)

Surname Full first name/s

Title Initials Dependant code

Address

Code

Email

Tel no (H) ( ) (W) ( ) Cell phone no

Preferred time of contact: Day

Monday	Tuesday	Wednesday	Thursday	Friday

Time

09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00

Expectant mother's signature ______________________ Date D D M M Y Y Y Y

Details of general practitioner:

Surname Initials

Tel no (H) ( ) Practical no

Details of gynaecologist or midwife:

Surname Initials

Tel no (H) ( ) Practical no

Medical information:

Weight kg Height cm Allergies: ☐ Penicillin ☐ Aspirin ☐ Sulphonamides

Smoking ☐ Yes ☐ No If YES, how many per day?

If NO ☐ Never ☐ Stopped less than 3 months ago ☐ Stopped more than 3 months ago

Exercise ☐ Never ☐ Less than 1 hour/week ☐ 1-3 hours/week ☐ More than 3 hours/week

Other ______________________

____

Please complete the section below (or refer to attending doctor or caregiver.)

Section B: Please provide information on your current pregnancy (if first child, only complete this section.)

Are you currently being treated for any medical conditions, eg. asthma, diabetes, hypertension, cardiac failure, HIV/AIDS, tuberculosis or depression? ☐ Yes ☐ No

If YES, please list the condition/s ______________________

Do you consume alcohol? ☐ Yes ☐ No If YES, how much? More than two glasses per day? ☐ Yes ☐ No

Expected delivery date: Date D D M M Y Y Y Y First day of last menstruation period D D M M Y Y Y Y

Section C: Please provide information on previous pregnancies

Number of previous pregnancies (including current pregnancy) ☐☐

How many children do you have? ☐☐

Do you have twins? ☐ Yes ☐ No Do you have triplets? ☐ Yes ☐ No

Have you previously experienced a miscarriage, stillbirth, death of a baby in the first four weeks or an ectopic pregnancy?

☐ Yes ☐ No If YES, please provide us with more details: _____

_____

_____

Were any of your babies born with health problems, eg. premature, spinal cord defects, congenital defects or late still birth?

☐ Yes ☐ No If YES, please provide more details, especially if surgery was necessary: _____

_____

_____

Have you had amniocentesis tests (extraction of fluid from your uterus during pregnancy) carried out for you?

☐ Yes ☐ No If YES, please specify the reason for these tests: _____

_____

_____

Were any of your babies born prematurely? ☐ Yes ☐ No Did you carry two weeks over term? ☐ Yes ☐ No

How were your children delivered? ☐ Normal vaginal birth ☐ Caesarean birth

Weight of babies? Under 2500g: ☐ Yes ☐ No Over 4300g: ☐ Yes ☐ No

Did you experience any of the following during a vaginal birth:

☐ Complications ☐ Induced labour ☐ Vacuum extraction (delivery of baby with suction device) ☐ Forceps-assisted birth (delivery of baby with forceps)

What was the reason for the caesarean birth? (if applicable) _____

_____

_____

Did you experience any of the following during pregnancy?

☐ High blood pressure ☐ Diabetes ☐ Pre-eclampsia (High blood pressure with protein in the urine)

If any other problems were experienced, please provide us with more details. _____

_____

_____

Indicate if any of the following complications were experienced after the birth of your child.

☐ Placenta retention ☐ Postnatal depression ☐ Severe bleeding ☐ Breast problems ☐ Wound infection

Condition of baby/ies after delivery:

☐ Breathing problems ☐ Neonatal jaundice (Yellowing of newborn's skin) ☐ Bleeding under scalp ☐ Paralysis (Unable to move one or more limbs) ☐ Other

Did you breastfeed your baby/ies? ☐ Yes ☐ No

If YES, how many weeks/months/years? _____

THANK YOU FOR COMPLETING THE FORM. Please fax the completed form to **0861 00 4367**. Should you have any queries, please contact **0860 00 4367** or send an email to **enquiries@gems.gov.za IMPORTANT: You must discuss all health and treatment issues with your doctor first.**