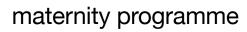
Enrolment form





etails of main member:
embership no Option: Sapphire Beryl Ruby Emerald Onyx
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eight kg Height cm Allergies: Penicillin Aspirin Sulphonamides
noking Yes No If YES, how many per day? Stopped more than 3 months ago Stopped more than 3 months ago ercise Never Less than 1 hour/week 1-3 hours/week More than 3 hours/week
her
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.
e you currently being treated for any medical conditions, eg. asthma, diabetes, hypertension, cardiac failure, HIV/AID perculosis or depression?
you consume alcohol? Yes No If YES, how much? More than two glasses per day? Yes No
,

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? 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 Forceps-assisted birth (delivery of baby with suction device) (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. Postnatal depression Placenta retention Severe bleeding Breast problems Wound infection Condition of baby/ies after delivery: Breathing problems Neonatal jaundice | Bleeding under scalp Other **Paralysis** (Yellowing of newborn's skin) (Unable to move one or more limbs) Did you breastfeed your baby/ies? Yes 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.**