

Your personal and medical details

How to complete this form

Please send us the completed and signed form via:

1. E-mail babyandme@bankmed.co.za or
2. Fax to **011 529 6485**

Alternatively you may contact us on 011 529 7227.

Personal information

Membership number	<input type="text"/>												
Surname:	<input type="text"/>												
Name:	<input type="text"/>												
ID number:	<input type="text"/>												
Physical address:	<input type="text"/>										Postal Code:	<input type="text"/>	
Tel (H)	<input type="text"/>				<input type="text"/>				Tel (W)	<input type="text"/>		<input type="text"/>	
Cell number	<input type="text"/>		<input type="text"/>		E-mail	<input type="text"/>							
Age:	<input type="text"/>												
Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>							
Your occupation:	<input type="text"/>												

Kindly provide us with the name and contact details of the person who will be supporting you during your pregnancy and at the time of the birth:

Surname:	<input type="text"/>												
Name:	<input type="text"/>												
Tel (H)	<input type="text"/>				<input type="text"/>				Tel (W)	<input type="text"/>		<input type="text"/>	
Cell number	<input type="text"/>		<input type="text"/>		E-mail	<input type="text"/>							

Please inform us about your health

Kindly answer the following questions:

1. Are you currently being treated for any medical condition, for example, asthma, diabetes, HIV and AIDS, tuberculosis or depression?

Yes No

If yes, please list the condition(s) and treatment/medication:

Please inform us about your previous pregnancies (continued)

3. Have you ever had a termination of pregnancy, miscarriage, stillbirth or an ectopic pregnancy?

Yes No

If yes, please provide more detail:

4. Were any of your babies born with health problems, for example, premature birth, spinal cord defects, congenital defects or late stillbirth?

Yes No

If yes, please provide us with more detail, especially if surgery was necessary:

5. Have you had an amniocentesis* before?

Yes No

(* A diagnostic procedure where a sample of amniotic fluid is taken from the womb to screen for certain birth defects)

If yes, please specify the reason why this test was performed:

6. Were any of your babies: Born prematurely?

Yes No

Carried for more than two weeks over term?

Yes No

7. Please tell us how your children were delivered?

Vaginal birth Caesarean birth

8. Did you use spinal/epidural pain relief?

Yes No

9. Did you experience any of the following during a vaginal birth?

Complications Induced labour Forceps-assisted birth Vacuum extraction

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

11. Please indicate if you experienced any of the following during pregnancy:

High blood pressure Diabetes Pre-eclampsia

If you experienced any other problems, please specify:

Please inform us about your previous pregnancies (continued)

12. Please indicate if you experienced any of the following complications after the birth of your baby:

Placenta retention Post-natal depression Wound infection Breast problems
Severe bleeding (blood transfusion required)
Other (please specify):

13. Condition of baby/babies after delivery:

Breathing problems Neo-natal jaundice Bleeding under scalp Paralysis No problems
Other (Please specify):

14. Did you breastfeed?

Yes No

If yes, for how many weeks or months or years?

15. Please use the space below if you would like to inform us regarding anything else pertaining to your previous pregnancies or birth experiences?

Thank you for completing this questionnaire

Kindly note that all information supplied on this form will be treated as confidential and will be used for the purpose of the Baby-and-Me programme only.

We would like to support you during your pregnancy and assist you with planning the birth of your baby. Please contact your Baby-and-Me Client Relationship Manager regularly and keep them updated on your progress.

Please discuss the following with your caregiver or Client Relationship Manager:

- Ante-natal classes with a childbirth educator
- Your birth options – midwife delivery, water births or active birth centre
- Your birth plan – your birth preferences, likes and dislikes
- Your place of birth – home birth, active birth centre or labour ward in hospital
- Medical scheme benefits
- Hospital preauthorisation procedures

Declaration

I declare that the above statements are full, complete and true and agree that this information shall form part of my application to Bankmed Medical Scheme.

Signed on _____

Signature of main applicant

Original hand signature required

Date 2 0 Y Y M M D D

Please do not sign an incomplete application form