

Complete this form to enrol in the pregnancy, birth + beyond program

Your answers to these questions will provide our midwives with important information about your health and your pregnancy before they contact you.

Your details

rt membership number

Title Ms Mrs Miss (other) _____

Given names

Family name

Date of birth (dd/mm/yy)

Partner's name

Home address

State
Postcode

Home telephone number

Work telephone number

Mobile telephone number

Email address

Please indicate the preferred method and time for us to contact you. If we cannot reach you using your first preference, we will use an alternative.

Preferred method

- Home phone Work phone
 Mobile phone Email

Preferred time

- Anytime OR 9am – 12pm
 12pm – 5pm
 5pm – 8pm

Preferred day

- Any day OR Monday Thursday
 Tuesday Friday
 Wednesday

Your pregnancy history

How many times have you been pregnant including this pregnancy?

Please complete the rest of this section only if applicable.

Have you experienced problems with your previous pregnancies and/or deliveries? Yes No

If yes, please provide details _____



Details of your other children

| Date of birth | Name | Sex M/F | Breast fed? Y/N | Age of weaning (in months) | Age at which started solids? (in months) | Other comments |
|---------------|------|------------|--------------------|-------------------------------|---|----------------|
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Your current pregnancy/recent birth

What date is your baby due?
(as advised by your doctor) (dd/mm/yy)

□□/□□/□□

If you have recently given birth,
what was your delivery date? (dd/mm/yy)

□□/□□/□□

Are you having any problems with your pregnancy? Yes No

If yes, please provide details _____

How do you plan to feed/how are you already feeding your baby? Breast Bottle Both

Do you have any existing medical problems that may affect your health or pregnancy? Yes No

If yes, please provide details _____

Terms and conditions

This program is available to members who hold Private Hospital Cover with rt health fund, whose contribution payments are up to date, and who have served the required two-month general services hospital waiting period. This program can only be made available to members on receipt of a signed program enrolment form. It is specifically intended for expectant parents and parents of infants aged up to 12 months. If you cease to hold Private Hospital Cover with rt health fund during the course of receiving services under this program, access to the program will cease. This program is for information and educational purposes only, it does not replace, nor should it be considered an alternative to, a medical consultation. It is provided with the understanding that the program does not constitute medical services or advice. In case of illness or injury, you should consult your own doctor. If you are not sure what sort of care you need, please call your doctor or local hospital. If you think you have a medical or psychiatric emergency, call 000 or go to the nearest hospital. Any information provided by you when applying for or participating in the program remains confidential and will not affect your contribution rates or benefits. Health information used by the providers of services will adhere to the principles contained in the national privacy guidelines. De-identified information may be used for reporting purposes.

Consent to participate

I have read and understood the terms and conditions of participation in the program and understand that the information provided on this form will only be available to the pregnancy, birth + beyond staff and rt health fund, and used to evaluate the program.

| | | |
|---|--|------------------|
| x | | Today's date / / |
|---|--|------------------|

please sign here

Please fax both pages to

1300 887 123
 or post to
po box 1100
burwood north nsw 2134

remember to fax back both pages