



Dear Thebemed Member

Congratulations on your pregnancy!

Thebemed acknowledges that this is an important milestone and as such, we would like to support you every step of the way.

Thebemed medical Scheme offers you peace of mind and ensures that you get the care that you deserve through the Thebemed bambino programme.

Some of the benefits of joining Thebemed Bambino programme are:

- The Case managers will assist with the registration on the maternity programme and can be contacted for advice and information. The aim is to provide ongoing advice and information in early parenthood.
- A Bambino bag will be issued by the Scheme at seven (7) months.
- Prenatal vitamins paid by the Scheme up to R100 per script.

In addition to normal consultation limit, the Scheme offers the following benefits subject to registration on the Maternity programme.

UNIVERSAL	FANTASY	ENERGY
<b>Standard Maternity Benefits</b>		
<ul style="list-style-type: none"> <li>• 2D Maternity Sonars</li> <li>• R100 per Script per month per mother. Based on Generic Substitute and Scheme Formulary.</li> </ul>	<ul style="list-style-type: none"> <li>• 2D Maternity Sonars</li> <li>• R100 per Script per month per mother. Based on Generic Substitute and Scheme Formulary.</li> </ul>	<ul style="list-style-type: none"> <li>• 2D Maternity Sonars</li> <li>• R100 per Script per month per mother. Based on Generic Substitute and Scheme Formulary.</li> </ul>
<b>With registration on the Thebe Bambino Programme, you get the following additional benefits:</b>		
<ul style="list-style-type: none"> <li>• 1 Additional Maternity Sonar</li> <li>• 2 Additional Gynae Visits</li> <li>• 3 Post Natal Midwife Consultations</li> <li>• Bambino Bag from 7 months</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Additional Maternity Sonar</li> <li>• 2 Additional Gynae Visits</li> <li>• 3 Post Natal Midwife Consultations</li> <li>• Bambino Bag from 7 months</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Additional Maternity Sonar</li> <li>• 2 Additional Gynae Visits</li> <li>• 3 Post Natal Midwife Consultations</li> <li>• Bambino Bag from 7 months</li> </ul>

NB: all benefits will be pro-rated for members admitted during the benefit year.

**To enrol on the programme, please complete the attached application form and send it to Bambino Programme:**

**Fax: 086 634 9043 Email: [wellbeing@thebemed.co.za](mailto:wellbeing@thebemed.co.za) WhatsApp: 0861 84 32 36**

**You can also use the HelloDoctor APP or dial \*120\*1019#**

**Please remember to register your baby on medical aid within 30 days of birth.** Should you have any queries regarding registration of the new baby, feel free to contact us on **Tel: 0861 84 3236**



**THEBEMED MATERNITY PROGRAMME-REGISTRATION FORM**

**A. IMPORTANT INFORMATION**

1. All information supplied on this form will be treated as confidential.
2. One application must be completed per beneficiary applying for enrollment per pregnancy.
3. Prenatal vitamins limited at R80 per script. Only 9 fills per pregnancy.

PLEASE PRINT IN CAPITAL LETTERS, USE A BLACK PEN.

**B. GENERAL INFORMATION OF MAIN MEMBER**

Member number																				
Title: Mr/Mrs/Miss																				
Surname																				
Cell number																				
Email																				

**C. DETAILS OF EXPECTANT MOTHER**

\*\* If not the same as above\*\*

Title: Mr/Mrs/Miss																				
Surname																				
Dependent code																				
Cell number																				
Work number																				
Email																				
Alternative contact number																				
Address																				
Alternative address for delivery of the Bambino Bag																				
Preferred time/ day of contact																				

**D. DETAILS OF MEDICAL PRACTITIONERS**

**1. General Practitioner**

Initials																				
Tel number																				

**2. Gynecologist**

Initials																				
Tel number																				

**E. MEDICAL HISTORY**

PLEASE INDICATE ANY CHRONIC CONDITIONS OR PREGNANCY INDUCED CONDITIONS.




## F. MATERNITY DETAILS

### 1. PLEASE PROVIDE DETAILS ON CURRENT PREGNANCY.

Late date of menstrual period											Expected delivery date												
Weeks pregnant	Previous pregnancies including current pregnancy										How many children do you have												
Is this a multiple pregnancy	Yes	No	If Yes	Twins	Triplets	Fertility treatments					Yes	No											
Any problems detected from previous antenatal scans																							
Do you smoke	Yes	No	Do you drink alcohol		Yes	No	If Yes, how many glasses per day																
Current weight																							
Weight before pregnancy																							

### 2. PLEASE PROVIDE INFORMATION ON PREVIOUS PREGNANCIES.

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, e.g premature, spinal cord defects, congenital defects or late still birth?

Yes  No  If Yes, please provide us with 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 provide reason for the test: \_\_\_\_\_

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?

Complication  Induced labour  Vacuum extraction (Delivery of baby with Suction device)  Forceps-assisted birth

What was the reason for the Caesarean birth? \_\_\_\_\_

Did you experience any of the following during pregnancy?  High blood pressure  Diabetes  Pre-eclampsia (High blood with protein in the urine)

What was the reason for the Caesarean birth? (If applicable): \_\_\_\_\_

Were any of the following problems experienced after the birth of your child?

Placenta retention  Postnatal depression  Severe bleeding  Breast feeding problems  Wound infection  
 High blood pressure  Neonatal jaundice  Bleeding under scalp  Paralysis  Other

Did you breast feed baby/ies? Yes  No

If Yes, how many weeks/months/years? \_\_\_\_\_

## G. ACKNOWLEDGE BY THE EXPECTANT MOTHER

Were you informed to register the baby within 30 days of birth? Yes  No

Yes  No  If Yes, please provide us with more details: \_\_\_\_\_

Expectant mother's signature: \_\_\_\_\_

## H. ADMINISTRATION USE ONLY

Did you, the member receive a Bambino bag	Yes	No	Who issued the bag	Name	Signature
Who is the member support consultant			Company Name		

