



Mom's GEMS
 (Getting Early Maternity Services)
Self-Referral Form



Tell us About Yourself

Name: _____ Today's Date: _____

Horizon NJ Health ID #: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Other Phone: _____

Your Doctor's Name: _____ Due Date: _____

Who will be the doctor for your baby after you deliver? _____

Are you having financial problems (transportation, food)? Yes No

If "Yes", please explain _____

Tell us About Your Pregnancy

1. How many times have you been pregnant, including now? _____

2. Have you been diagnosed with preterm labor or a weak cervix during this pregnancy? Yes No

3. Are you having any other problems with your current pregnancy? Yes No

If "Yes", please explain _____

4. Have you had a baby that was born more than 3 weeks before your due date? Yes No

5. Have you ever been told you have high blood pressure? Yes No

6. Have you ever been told you have diabetes? Yes No

7. Do you have any problems with mental illness or depression? Yes No

8. Do you smoke? Yes No If so, how much _____

Do you drink alcohol? Yes No If so, how much _____

Do you take street drugs? Yes No If so, how much _____

9. Are you now or have you ever been a victim of physical or sexual abuse? Yes No

10. Are you planning on breast feeding? Yes No

11. Are you enrolled with WIC? Yes No

12. Please provide us with the best way to contact you: _____

Comments/Request for Information: _____

Please email your completed form to ExpectingMom@horizonNJhealth.com.

Please fax your completed form to 1-609-583-3039.

If you have any questions, please contact Mom's GEMS at 1-800-682-9090 (TTY 711).