

Name _____ Date _____

What brings you here today?

Partner's Name _____

Any fevers, illnesses or extra hospital visits in this pregnancy? _____

Do you have any allergies to medications or latex? If so what are you allergic to and what was your reaction?

Do you take any medications? Which ones?

Are you currently taking a prenatal vitamin and/or folic acid? _____

Pregnancy History: **Please tell me about each pregnancy in detail:**

Date	Place of birth/abortion	Hrs in labour	# of weeks	Type of birth (Vag or C/S)	Sex	Birth wt	Complications

When was the first day of your last menstrual cycle? (first day of bleeding).

When was your last pap smear? Was it normal? Have you ever had an abnormal?

Have you ever had a sexually transmitted infection (ex chlamydia or herpes)? If so what did you have? _____

Are you safe from physical harm? _____ Yes _____ No

Do you have any medical problems? (ex asthma, hypertension, depression, hypothyroid)

What surgeries have you had?

Have you had chicken pox? _____

Do you have anyone in your family or your partner's family who has had any congenital problems such as a heart defect or down syndrome? _____

Or anyone with diabetes, heart disease, depression, alcohol abuse, clotting disorder? _____

Do you smoke? If so how much a day? _____

How much alcoholic beverages do you drink in a week? _____

Do you use any recreational drugs? _____

What do you do for work? _____

Anything else I should know about you?
