

YOUR PREGANCY AND HEALTH HISTORY Part 1

Name:

Name of Partner:

Your Birth Date:

Baby's Due Date:

Please list your previous pregnancies:

Year	Place	Normal birth, CS, other?	Complications?	Boy or Girl	Birth Weight

The first day of your last period was:

Are your periods regular?

In this pregnancy so far have you had: *tick if yes*

- IVF or assisted conception?
- Bleeding?
- Nausea?
- Infections Fever?
- Anything else?

In your immediate family has anyone had:

Tick if yes and write in their relationship to you

- Heart Disease
 - High Blood Pressure
 - Diabetes
 - Depression
 - Other mental illness
 - Alcohol/Drug problems
 - Blood Clotting Disorder
 - Inherited Disease
- What is the ethnic background of your parents?

Have you ever had: *Tick if yes----give details*

- Operation(s)
 - Problem with anesthesia
 - Procedure to uterus or cervix
 - Breathing/Lung problems
 - Genital Herpes
 - Sexually transmitted infection
 - Blood clots or bleeding too much
 - High Blood Pressure
 - Hepatitis
 - Stomach or Bowell problems
 - Bladder or Kidney problems
 - Diabetes
 - Thyroid Disease
 - Nerve problems
 - Severe headaches
 - Mental illness: anxiety, depression, other
- Anything else important about your health:*

Lifestyle

In your own estimation rate your diet: *circle for good, underline for "could be better", put X for None*

Veggies Fruit Meat Fish Veg proteins(tofu, beans) Dairy Healthy snacks Junk food Sweets

Do you take folic acid? Yes No If yes when did you start?

What is your exercise like?

Do you get enough rest?

Do you take a multivitamin? _____ Other supplements or over-the-counter drugs? _____

Do you use any drugs: now or in the past?

Do you/did you smoke cigarettes? Never _____ In the past _____ Quit when? _____

Are you exposed to second hand smoke?

Do you have any stress with money or housing?

Do you sometimes have trouble paying for food at the end of the month after other expenses?

Is there any violence in your life (verbal, physical, to you or to others?)

Who will help you during labour and birth?

Who will help you at home with the baby?

YOUR PREGANCY AND HEALTH HISTORY Part 2

Alcohol Use– Answer for this past month:

In a typical week how many days do you drink alcohol?
On those days how many drinks are usual?
How many drinks does it take to make you feel high?
Have people annoyed you by criticizing your drinking?
Have you felt you should cut down your drinking?
Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Score:

Medications *List any medications you are taking and dose if you know it:*

ALLERGIES: *List any allergies and the type of reaction you had:*

Preventive Health

Have you had a pap smear in the past 2 years?

Have you had a flu vaccine this year?

When:

Have you had Hepatitis vaccines? Which one: A__ B__ both A and B__

When:

Have you had a Measles/Mumps/Rubella vaccine?

When:

What are your concerns or questions for today's visit?:

Notes: