

PRENATAL VISIT

BABY'S MOTHER

Name: _____ Age: _____

Marital Status: _____ Married _____ Single Occupation: _____

Number of previous pregnancies: _____ Number of living Children: _____

Problems with Previous Pregnancies: _____

Number of children delivered prematurely (prior to 38 weeks gestation)? _____

Have any of your previous children had any of the following:

_____ Newborn Jaundice _____ SIDS (Sudden Infant Death Syndrome)

_____ Congenital Heart Disease _____ Serious infection in the newborn period
(first 30 days)

During this pregnancy, have you:

_____ Smoked? If yes, how much? _____

_____ Drank alcoholic beverages? If yes, how much? _____

_____ Taken Prescription or Nonprescription Drugs? If yes, which drugs? _____

During this pregnancy, or at any time in the past, have you been diagnosed with:

_____ Thyroid Disease _____ Diabetes _____ Epilepsy

_____ Fifth's Disease _____ Sickle Cell Disease _____ Herpes

_____ High Blood Pressure _____ Group B Strep. _____ Lupus

_____ Bleeding Disorder _____ Toxoplasmosis _____ Asthma

_____ Hepatitis _____ CMV (Cytomegalovirus) Infection

_____ Rubella Other: _____

BABY'S FATHER:

Name: _____ Age: _____

Occupation: _____

Health Problems: _____

BABY'S BROTHERS AND/OR SISTERS

Name: _____ Age: _____ Health Problems: _____

