

Medical and Personal History

Please fill out this medical and personal history very carefully. When we meet again we will go over this history together and discuss your questions. Leave blank any technical terms or questions with which you are not familiar or any questions you prefer to answer in person.

MOTHER:

Name _____ Date of Birth _____ Height _____
Address _____
City and Zip Code _____
Home Phone _____ E-mail Address _____
Your Cell Phone _____ Partner's Cell Phone _____
Usual Weight (non-pregnant) _____ Your Weight at Your Birth _____
Occupation _____

PARTNER:

Name _____ Baby's Father's Weight at His Birth _____
Occupation _____

DOCTOR:

Name _____ Phone _____
Office Address _____

HOSPITAL/BIRTH FACILITY:

Where do you plan to have this birth? _____

OTHER:

Due Date _____ Sex of baby (if known) ____ Name of baby (if known) _____
Have you taken any childbirth preparation classes? _____
▶ If yes, location and instructor _____
How else have you prepared for this birth (books, videos, etc.) _____

What do you know about your mother's labors? Were they consistently fast or prolonged? Were babies consistently late or early? _____



_____ (over)

To what extent do you drink alcohol? _____

Do you smoke cigarettes? _____ Does your partner? _____

▶ If yes, indicate when and how much _____

▶ If you used to smoke, when did you quit? _____

How much do you usually sleep each night? _____

Do you have an opportunity for rest periods or a nap each day? _____

Do you sleep well? _____

In general, how have you felt with this pregnancy? _____

Please list the people you plan to invite to your birth: _____

Do you plan to breastfeed this baby? _____

THE FOLLOWING CAN GREATLY AFFECT YOUR LABOR:

Do you have herpes? _____ Have you tested positive for Group B Strep? _____

Have you ever been sexually or physically abused? (you may respond verbally if you like) _____

What else would you like me to know about your history, hopes, dreams, fears, strengths or limitations?

No. of pregnancies (Gravida) _____ No. of births (Para) _____ Abortions _____ Miscarriages _____

IF YOU'VE GIVEN BIRTH BEFORE, PLEASE ANSWER THE FOLLOWING:

▶ How much did each of your babies weigh? _____

▶ Were your babies born early, on time, or late? _____

▶ Did you breastfeed? _____ For how long? _____

▶ How long were you in labor for each of your babies? _____

▶ How did your labor(s) begin? _____

▶ Did you have any complications during the labor(s) or after the birth(s)? _____

▶ Older Children(s) Name(s) _____ Age(s) _____