

Medical and Personal History

Please fill out this medical and personal history very carefully. Although you provided this information for your previous birth, it is important that I have the most current information about you for this birth.

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 _____

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 for this pregnancy? _____

▶ If yes, location and instructor _____

How else have you prepared for this birth (books, videos, etc.) _____

What did you find helpful in your previous labor? _____

What did you like least about your last birth? _____

What is your favorite memory from your last birth(s)? _____

What would you like to be different for this labor/birth? _____

_____ (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 _____

PLEASE ANSWER THE FOLLOWING ABOUT YOUR PREVIOUS BIRTH(S):

▶ 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) _____