

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.

PREGNANT PERSON:

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)

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

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 had a LEEP procedure, cerclage or other cervical surgery? _____

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) _____

What else would you like me to know about your medical history?