

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____