

Name: _____
Date: _____
Due Date: _____

**CURRENT PREGNANCY**

Is the baby's father aware of the pregnancy?  Yes  No  Not sure

Baby's gender:  Boy  Girl  Not sure

Date prenatal care began for this pregnancy: \_\_\_\_\_

Complication of present pregnancy: (check if you experience any of the following)

- Nausea  Headaches  Constipation
- Vomiting  Visual disturbance  Bleeding
- Excessive Fatigue  Urinary infection  Vaginal discharge
- Venereal disease (kind: \_\_\_\_\_)  Anemia

Describe other complications during pregnancy and/or comment on the above-checked complications:

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Have you had a previous pregnancy?  Yes  No

Character of previous pregnancies, deliveries, post-partum, gynecology complications:

- Miscarriage \_\_\_\_\_(year) Comments: \_\_\_\_\_
- Stillborn \_\_\_\_\_(year) Comments: \_\_\_\_\_
- Abortion \_\_\_\_\_(year) Comments: \_\_\_\_\_
- Live birth(s) \_\_\_\_\_(year) Comments: \_\_\_\_\_

Drugs taken during pregnancy:

- Prescription: \_\_\_\_\_
- Non-prescription (aspirin, nose drops, etc.) \_\_\_\_\_
- Amphetamines type: \_\_\_\_\_ when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Barbiturates type: \_\_\_\_\_ when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Alcohol when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Tobacco when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Cocaine (crack) when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Heroin when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- LSD when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- PCP when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Marijuana when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- IV Drug Use when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Methadone when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Methamphetamine when: \_\_\_\_\_ amount: \_\_\_\_\_ frequency: \_\_\_\_\_
- Other (specify): \_\_\_\_\_