Metro Partners in Women's Health

THE EXPERIENCE YOU CAN TRUST
THE ATTENTION YOU DESERVE

New Pregnancy Questionnaire

Congratulations on your current pregnancy! In order to provide the best care for you and your baby it is necessary to obtain as much information as possible, not only health/medical history from you, but also from the father of the baby and both of your families. Please answer the following questions as honestly and completely as possible.

Name: _____ Date: _____

Age:_____ Birthdate:_____ Primary Care Physician:_____
Marital Status: M S W D Sep
What is your highest level of education? _____Race:_____Religion:_____
Do you work outside the home? Yes/No
If yes what is your occupation? _____
Are you exposed to toxic substances, chemicals, radiation, etc? Yes/No
Name of Father of the baby: _____ Age_____

Past Gyn and Pregnancy History

Last menstrual period_____ Are you certain? Yes/No, Was it normal? Yes/No

Age when period began_____

Length of cycle (How many days from the start of one period to the start of the next) _____

Date of last Pap_____ Results_____ Date of last Mammogram_____

Results_____

How many times have you been pregnant? _____ How many times full term_____

Premature_____ Miscarriage_____ Ectopic or tubal pregnancies_____

Abortions_____

PAST PREGNANCIES									
Date/Month/Year		Weeks at Delivery	Length of Labor	Birth Weight	Sex M/F	Type of Delivery	Place of Delivery	Preterm Labor Yes/No	Comments/ Compilations
#1									
#2									
#3									
#4									
#5									
#6									