MEDICAL HISTORY INFORMATION SHEET

Consult date: ____/____/_____

Mother's full legal name _____ DOB ___/___/____ Age _____
Birth place _____ Social security number _____ Blood type _____
Address _____ City _____ State ____ ZIP _____
Home phone _____ Cell phone _____ Work phone _____
Pre-pregnancy weight _____ Height _____ Average blood pressure _____/_____
First day of your last period _____ Date of positive pregnancy test _____
Are you LEGALLY married to the father of the baby **YES / NO**

Father's full legal name _____ DOB ___/___/_____ Age ____
Birth place _____ Social security number _____ Blood type ____
Address _____ City _____ State ____ ZIP _____
Home phone _____ Cell phone _____ Work phone _____

Previous pregnancies
Number of previous pregnancies _____ Term births _____ Miscarriages _____ C-sections _____ Preemie births _____ Breech births _____ Hospital births _____ Home births _____

Mother's Health History
Do you smoke **YES / NO** If so, how many daily _____ Does anyone in the home smoke **YES / NO**
Do you drink alcohol **YES / NO** If so, how often _____
Used recreational drugs **YES / NO** If so, what types _____ Still use _____
Any THC or CBD use of any type **YES / NO** _____
Currently taking, or have you ever taken any anti-depressants **YES / NO**
If YES, please explain the type of anti-depressant and the circumstances _____
Ever used any types of birth control **YES / NO** If YES, when _____
What types _____ How long _____
Rh factor _____ Received RhoGAM _____ If so, when _____
Received Pitocin IV **YES / NO** If YES, when _____
Received a blood transfusion **YES / NO** If YES, when _____
Allergies (medication, latex, food, etc.) **YES / NONE** _____

Circle all that apply to you:

Asthma	Chronic bladder infections	Thyroid problems	Cancer
Other respiratory issues	Bladder infections	Back injuries	Diabetes
Rheumatic fever	Varicose veins	Epidurals	Epilepsy
Heart problems	Chronic pelvic infections	Sex abuse	TB
High blood pressure Low blood pressure	Yeast infections	Physical abuse	Hepatitis
	Kidney problems	German measles	STD's

Please Explain _____