First Prenatal/Pregnancy Visit

Health History

Please fill this in to the best of your ability and bring it with you to your first prenatal (pregnancy) visit.

Do you or does anyone in your immediate blood-related family (mother, father, brothers, sisters, aunts, uncles, grandparents) have any history of:

(if any answer is yes, please specify who has/had the problem and any details you’re aware of)

1. Birth defects
2. Genetic diseases
3. Multiple births
4. Diabetes
5. Cancer
6. High blood pressure
7. Heart disease
8. Rheumatic fever
9. Pulmonary (lung) disease
10. GI (stomach/intestines) problems
11. Renal (kidney) disease
12. Genitourinary tract problems
13. Abnormal uterine bleeding
14. Infertility
15. Sexually transmitted infection
16. Phlebitis, varicose veins, blood clots
17. Neurological (brain/nerves/spinal cord) problems
18. Metabolic/Endocrine problems (e.g. thyroid problems)
19. Anemia/Hemoglobinopathies
20. Blood disorders
21. Drug abuse
22. Smoking or Alcohol use
23. Infectious diseases
24. Operations/accidents
25. Allergies or medication sensitivities
26. Blood transfusion
27. Other hospitalizations
28. Have you ever had chicken pox?
29. Have you ever had mononucleosis (mono)?
30. Have you ever had herpes?
For your previous births (if any), please complete the following:

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<tr>
<th>Month/year</th>
<th>Sex</th>
<th>Weight</th>
<th>Weeks gestation</th>
<th># Hrs labor</th>
<th>Type of delivery</th>
<th>Complications/Anesthesia used?</th>
<th>Name of child</th>
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We will also be giving you the orders to have your blood drawn for your initial prenatal screening at your first pregnancy visit. You will need to take these forms to the registration area in the main entrance to the hospital where they will register you and send you to the lab for the blood to be drawn. You may have these done any time the lab is open. These tests include the following:

**Complete blood count** - baseline level of your iron stores and clotting ability (platelets)

**Blood type and Rh** – Rh negative requires assessment for the need for Rhogam

**Antibody** – tells us if you have certain antibodies in your blood that could require further testing

**Serology (RPR)** – a screening test for syphilis

**Rubella titer** – immunity to the rubella virus

**Urinalysis and urine culture** – bladder infection or kidney problems

**Blood sugar** – higher sugar levels could require more testing to rule out diabetes

**Hepatitis B surface antigen** – Hepatitis B virus

Your individual provider may also check other labs per their preference based on your individual needs.