

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:

Month/ year	Sex	Weight	Weeks gestation	# Hrs labor	Type of delivery	Complications/Anesthesia used?	Name of child

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.