

PREVIOUS PREGNANCIES

(List all previous pregnancies)

	Year	Sex	Birth Weight	Type of Delivery (Vaginal or C-section)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Any complications during your pregnancies? **Yes** **No**

Three or more miscarriages or a prior stillbirth **Yes** **No**

If yes, please explain:

ALCOHOL/TOBACCO/MEDICATIONS/DRUGS

Have you used any medications, alcohol or drugs since your pregnancy

Yes No

Do you:

Smoke Yes No

Drink Alcohol Yes No

Use Drugs Yes No

Does anyone in your household:

Smoke Yes No

Drink Alcohol Yes No

Use Drugs Yes No

INFECTIOUS DISEASE HISTORY

Have you ever had a positive skin test for Tuberculosis (TB) Yes No

Have you been exposed to Tuberculosis Yes No

Do you or your partner have a history genital herpes Yes No

Have you had a rash or a viral illness since your last period Yes No

Have you ever had any STD Yes No

Have you ever had chickenpox/varicella Yes No

Have you ever been vaccinated against chickenpox Yes No

Have you been vaccinated for hepatitis Yes No

Do you have any cats at home Yes No

Have you ever had any other infectious diseases that could affect this pregnancy
Yes No

GENETIC HISTORY

Will you be age 35 or older at delivery	Yes	No
Are you or the baby's father of Mediterranean ancestry	Yes	No
Has either of you been screened for Thalassemia	Yes	No
Have you, the baby's father or anyone in either family had one of the following:		
Brain, spinal cord or neural tube defects, meningomyelocel (open spine), spina bifida or anencephaly	Yes	No
Congenital hear disease/defect	Yes	No
Down Syndrome	Yes	No
Are you or the father of the baby of Jewish, Cajun or French Canadian descent	Yes	No
Are you or the father of the baby of African American ancestry	Yes	No
Is there any family history of any of the following:		
Hemophilia or any other inherited blood clotting disease	Yes	No
Muscular Dystrophy, Huntington's Chorea, or Cystic Fibrosis	Yes	No
Mental retardation or autism	Yes	No
Other inherited genetic or chromosomal disorders	Yes	No
Insulin dependent diabetes, phenylketonuria or any other metabolic disorder	Yes	No
A prior child with a birth defect not listed above	Yes	No

