

## Pregnancy Information Form

All Information provided will be kept confidential

How many weeks pregnant are you? \_\_\_\_\_

What is your Due Date? \_\_\_\_\_

When was your last appointment with doctor/midwife? \_\_\_\_\_

What is your blood pressure? \_\_\_\_\_

Are you using a doula?  Yes  No If yes, what is your Doula's Name:

\_\_\_\_\_  
\_\_\_\_\_

Where are you delivering? \_\_\_\_\_

What prenatal classes are you taking or planning on taking? \_\_\_\_\_

\_\_\_\_\_

How many times have you been pregnant? \_\_\_\_\_

How many times have you given birth? \_\_\_\_\_

What are the ages of your children? \_\_\_\_\_

How many miscarriages? \_\_\_\_\_

How many weeks pregnant? \_\_\_\_\_

What year(s)? \_\_\_\_\_

Were there any problems during or after any of these pregnancies?  Yes  No

How many times has a D&C been performed?  Yes  No

Have you had any abortions?  Yes  No

Date of last Pap smear: \_\_\_\_\_

Have you ever had an abnormal pap smear?  Yes  No

Have you ever had a cervical biopsy, operation, and/or cauterization?  Yes  No

Do you get yeast infections regularly?  Yes  No

Do you get bladder infections (UTI's) regularly?  Yes  No

Have you ever been diagnosed with Chlamydia infection?  Yes  No

Have you ever had pelvic inflammatory disease?  Yes  No

Were you treated for it? How?  Yes  No

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Have you ever been diagnosed with:

Uterine fibroids  Yes  No

Polyps  Yes  No

Pelvic adhesions  Yes  No

Prolapsed uterus  Yes  No

Pelvic abnormalities  Yes  No

Endometriosis  Yes  No