

# Prenatal Questions for Women

CONFIDENTIAL

## Pregnancy

Are you or might you be pregnant now? \_\_\_\_\_ What week? \_\_\_\_\_

Any complications or problems? \_\_\_\_\_

Number/dates of Pregnancies \_\_\_\_\_ Miscarriages \_\_\_\_\_  
Abortions \_\_\_\_\_ Births \_\_\_\_\_ Any complications or subsequent issues?

How many times have you undergone a D&C? \_\_\_\_\_

Please circle any of the following conditions that you experience as a result of pregnancy:

Nausea/Vomiting	Constipation	Heartburn
Threatened or Recurrent Miscarriage	Hemorrhoids	Musculoskeletal conditions
Cervical Incompetence	Varicose Veins	Edema
Fatigue and Exhaustion	Anemia	Carpal Tunnel Syndrome
Urinary Tract Infections	Insomnia	Small-for-date Babies
Itching	Anxiety and Depression	Hypertension
Sinusitis	Headaches	Thrush

How was your mother's pregnancy and birth? \_\_\_\_\_

## Questions for third trimester only (from week 29 on):

Baby's current position? \_\_\_\_\_ Sex? Male Female Unknown

Has your OB/Midwife checked your cervix? [ ]Yes [ ]No Any dilation/ effacement? [ ]Yes [ ]No

Dilation \_\_\_\_\_ Effacement \_\_\_\_\_ Position \_\_\_\_\_

Any Braxton Hicks contractions? [ ]Yes [ ]No Frequency/Timing \_\_\_\_\_

~with any cramping sensations? [ ]Yes [ ]No

Have your waters broken? [ ]Yes [ ]No Date and time \_\_\_\_\_

If Yes, was it a: big gush or slow leak?

Have you lost your mucus plug? [ ]Yes [ ]No If Yes, when \_\_\_\_\_

Any stress tests, AFI, etc? [ ]Yes [ ]No When and results \_\_\_\_\_

## Patient Signature

The information provided on this form is true to the best of my knowledge.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_