

# NEW PREGNANCY INTAKE FORM

Please have this form filled out and ready for your phone call appointment with the OB nurse to ensure we are able to get all necessary information and save you time!

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First day of your last cycle (LMP): \_\_\_\_\_

If unsure of LMP, are you feeling fetal movement? Yes or No (circle one)

Father of the Baby: \_\_\_\_\_ Phone number: \_\_\_\_\_

Have you ever been pregnant before? This includes any miscarriages, ectopic pregnancies, or abortions. If yes, please fill out:

When was baby born? (month/year)	Weeks at delivery	Birth weight	Vaginal or C/S? Boy or Girl?	Did you have an epidural?	Where did you deliver and who delivered baby?	Any complications?

Allergies: \_\_\_\_\_

Please list any health problems you have:

\_\_\_\_\_

Please list any surgeries you've had: \_\_\_\_\_

Does anyone in your family have any health problems? If yes, please explain:

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Does the father of the baby's family have any history of genetic abnormalities? If yes, please list:

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Do you smoke, drink alcohol, vape, or use any drugs? If yes, please list with how often:

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Please list any medications you take:

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What pharmacy do you prefer to use? \_\_\_\_\_

Last Papsmear: \_\_\_\_\_ Have you ever had an abnormal pap? \_\_\_\_\_

Have you ever had an STD before? \_\_\_\_\_

Any questions or concerns?

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