



Prenatal History

Baby's Name (Last, First)			
Due Date		What hospital will you deliver at?	
Obstetrician/Midwife			
Mother's Name			
Age		How long have you been in Alaska?	
Occupation		Where did you grow up?	
How much time will you have off work when the baby comes?			
Father's Name			
Age			
Occupation			
How much time will you have off work when the baby comes?			
Pregnancy History			
How many times have you been pregnant?			
How was your health before this pregnancy?			
Have you taken any medications during this pregnancy?			
Any problems, illnesses or concerns in this pregnancy?			
Do you know if it is a boy or girl?			
Are you planning on breast or bottle feed?			
Have you taken any childbirth classes?			
If you have a son are you planning on having him circumcised?			
Have you used any of the following during the pregnancy? (please circle) Cigarettes / Alcohol / Recreational Drugs			
Home	Who else lives in your home?		
Any pets?			
Will you have other help when the baby arrives? (family or friends)			
We will cover areas of concern, such as:			
<ul style="list-style-type: none"> ➤ How our practice is organized ➤ Who will see the baby in the hospital ➤ How to reach us if the baby is sick ➤ Schedule of visits and shots 			
Do you have any special concerns or questions you would like to talk about?			