

Prenatal Development of Index Patient

INDEX PATIENT: _____ Date: _____

If you had problems getting pregnant, please explain: _____

How long did you use oral contraceptives before getting pregnant? _____

During which month did you start prenatal care? _____

Weight gain during pregnancy? ____lbs Weight loss during pregnancy? ____lbs

Drugs taken during pregnancy (examples: vitamins, folic acid, aspirin, diet pills, diuretics, hormones, blood thinner, tranquilizers, marijuana, hallucinogens, depression medication, anti-seizure medication, morning sickness, medication, paint sniffing, other drugs):

Name of Drug	Dosage	During which months of pregnancy

If you smoked during pregnancy, how many days a week? _____ How many cigarettes a day? _____

How many days have you smoked 10 or more cigarettes in the last month? _____

What is the most cigarettes you smoked on any one day during this pregnancy? _____

If you drank alcohol during pregnancy, how many days per week? ____ How many drinks per day? ____

How many days in the last month have you had 5 or more drinks? _____

What is the most you had to drink on any one day in the last month? _____

Did you have any x-rays (dental, ultrasounds, etc.) during this pregnancy? If yes, please list below:

Procedure	Date	During which months of pregnancy

List any acute illnesses during pregnancy (vaginal bleeding, high blood pressure, excessive vomiting, urinary problems, swelling, headache, visual disturbances, fever, rashes, infections):

Condition	During which month	How long did illness last	Treatment

If you had any accidents or operations during pregnancy, please explain: _____

In which month did you first feel the baby move? ____month. Was fetal activity: *strong moderate weak*

Duration of pregnancy: Full Term _____ Premature _____ Post mature _____

Mother's age at child's birth _____ Father's age at child's birth _____

Last menstrual Period: _____ Expected Due Date: _____