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## Pregnancy History

Please answer every question

**STAFF:** Handwritten items must be entered **MANUALLY** 

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B. A. C. L. C.		PLEAS	SE PRINT	PATIENT	5 LAST	NAIVIE					$\neg \neg$	$\overline{}$	
Marking Instru	ctions												
Please use a # 2 pencil		PLEAS	SE PRINT	PATIENT	'S FIRS	TNAME		PAT	IENT'S	DATE O	F BIRTH		
Fill in the complete oval as shown													
								Mon	th	Day		Year	
RISK FACTORS													
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Have you ever had chicken po Have you ever been exposed t		c/5							yes			no (	$\leq$
lave you ever been exposed to lave you ever had a partner v									yes			no	$\overline{}$
Have you had a rash or viral il			egnan	t?					yes			no	5
Mark all items that you have t					n	nedicatio	ons 🔘	)	drugs		alco	hol	
GENETIC HISTORY Plea	se indicate if you,	the ba	aby's f	ather, o	r fam	nily have	a histo	orv of t	he fo	llowin	g:		
My Family History													
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History of Twins						d Positiv	e for Fra	agile X					
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(e.g., Meningomyelocele, Spina Bifida, Anencephaly, etc.)					abete	es al Palsy					$\Theta$	$\exists$	
Congenital Heart Defect						o / Palat	ъ				$\exists$	$\exists$	
Down Syndrome	000	$\tilde{c}$				e Misca					Ŏ l	5	
Tay-Sachs (Ashkenazi)	000					of Stillb			Ŏ	Ŏ		5	
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PREGNANCY #1				10 20	AUG 30	Deliv	/erv	JAN	FEB	MAR	APR N	MAY J	IUN
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Sex male Outcome miscal		emale tillbirth	Year			Mon	th	JUL	AUG	SEP	OCT N	NOV I	DEC
live birth aborti	0	ctopic	2	0 1 2	3	10	20 30	)					
Preterm labor no		es		Day			$\leq$					$\supset$	
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Weeks 0 0 30	40			Yea			20 30	40	50	60	70		90
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Page 1 of 2

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## **♠** Direction of Feed **♠**

## **Pregnancy History**

Please answer every question

**STAFF:** Handwritten items must be entered **MANUALLY**.

<u>,</u>

Sex		Delivery date JAN FEB MAR APR MAY JUN
Outcome   miscarriage   stillbirth   Bortion   ectopic     Preterm labor   no   yes       Type of delivery   c-section   vaginal   Delivery location / complications / comments     Type of anesthesia   local   spinal   Delivery location / complications / comments     Type of delivery   c-section   vaginal   Delivery location / complications / comments     Delivery location / complications / comments	PREGNANCY #2	
New Preterm labor		JUL AUG SEP OCT NOV DEC
Pretern labor   no   yes   Day	G C	10 20 30
Neeks   10   20   30   30   30   30   30   30   3		Day
Weeks   Pregnant	Preterm labor no yes	1 2 3 4 5 6 7 8 9
Type of delivery	10 20 30 40	
Type of delivery		Year Vear
Type of delivery	pregnant 1 2 3 4 5 6 7 8 9	20 1 2 3 4 5 6 7 8 9
Type of delivery	c-section vaginal	Length 10 20 30 40 50 60 70 80 90
Type of anesthesia   Deal   Spinal   Delivery location / complications / comments   Delivery location / complications / comments   Delivery location / complications / comments   Delivery date   Delivery date   Delivery location / complications / comments   Delivery location / complications / comments   Delivery location / complications / comments   Delivery date   Delivery date   Delivery location / complications / comments   Delivery date   Delivery date   Delivery location / complications / comments   Delivery date   Delivery date   Delivery location / complications / comments   Delivery date   Delivery date   Delivery location / complications / comments   Delivery date   Delivery location / complications / comments   Delivery date   Delivery date   Delivery date   Delivery location / complications / comments   Delivery date   Del	Type of delivery	
Delivery location / complications / comments		
Delivery location / complications / comments		
PREGNANCY #3   Delivery date   JAM   FEB   MAR   APP   MAY   JUN   Delivery location / complications / comments   Delivery date   JAM   FEB   MAR   APP   MAY   JUN   Delivery location / complications / comments   Delivery date   JAM   FEB   MAR   APP   MAY   JUN   Delivery date   JAM   FEB   MAR   APP   MAY   JUN   Delivery date   JAM   FEB   MAR   APP   MAY   JUN   Delivery date   JAM   SEB   MAR   APP   MAY   JUN   Delivery date   JAM   SEB   Delivery   Delivery date   JAM   FEB   MAR   APP   MAY   JUN   Delivery   Delivery   Delivery   Delivery   Delivery   Delivery   Delivery date   JAM   FEB   MAR   APP   MAY   JUN   Delivery   Delive		
Delivery date	January to the photostation of the minutes of the state o	
PREGNANCY #3   Sex		
Sex		Ounces
Sex		1 2 3 4 5 6 7 8 9
Sex	DDECNAMOV (II)	Dolling data IAN EED MAD AND MAY """
Dutcome		Delivery date
Outcome		Month UII AUG SEP OCT NOV DEC
Day		
Neeks   10   20   30   40   40   50   50   70   80   90		Day
Weeks pregnant         10         20         30         40           Pregnant         1         2         3         4         6         7         8         9           Type of delivery         C-section vacuum forceps         Vear section pregnant         Vear section pregnan	Preterm labor no yes	
Type of delivery	10 20 30 40	
Type of delivery   C-section   vaginal   Type of anesthesia   local   spinal   general   epidural   NONE   Delivery location / complications / comments   Delivery date   Month   JUL   AUG   SEP   OCT   NOV   DEC   Day   Sep   Oct   Nov   Dec   Dec   Day   Sep   Oct   Nov   Dec   Dec   Day   Sep   Oct   Nov   Dec   De	Weeks	Year _
Type of delivery vacuum forceps Type of anesthesia local spinal general epidural NONE  Delivery location / complications / comments  PREGNANCY #4  Sex male female Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks pregnant 1 2 3 4 5 6 7 8 9  Type of anesthesia local spinal general epidural NONE  Delivery date Month JUL AUG SEP OCT NOV DEC  Day 1 2 3 4 5 6 7 8 9  Delivery date Month JUL AUG SEP OCT NOV DEC  Day 1 2 3 4 5 6 7 8 9  Length 10 20 30 40 50 60 70 80 90  Year Year JUL AUG SEP OCT NOV DEC  Length 10 20 30 40 50 60 70 80 90  Year JUL AUG SEP OCT NOV DEC  Length 10 20 30 40 50 60 70 80 90  Year JUL AUG SEP OCT NOV DEC  Length 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Length 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Length 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  English 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9  Fight 10 20 30 40 50 60 70 80 90  Hours 1 2 3 4 5 6 7 8 9	pregnant $\bigcirc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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Type of anesthesia   local   spinal   general   Pelivery location / complications / comments   Delivery date   JAN   FEB   MAR   APR   MAY   JUN   Month   JUL   AUG   SEP   OCT   NOV   DEC   Delivery date   Month   JUL   AUG   SEP   OCT   NOV   DEC   Day		
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Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks pregnant 1 2 3 4 5 6 7 8 9  Type of delivery c-section vaginal general epidural NONE  Delivery location / complications / comments  Delivery location / complications / comments	PREGNANCY #4	Delivery date
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Preterm labor         no         yes           Weeks         10         20         30         40           Weeks         10         20         30         40           Year         19         10         20         30         40         50         60         70         80         90           Year         Year         20         1         2         3         4         5         6         7         8         9           Length         10         20         30         40         50         60         70         80         90           Type of delivery         vacuum         forceps         Hours         1         2         3         4         5         6         7         8         9           Hours         1         2         3         4         5         6         7         8         9           Delivery location / complications / comments         Pounds         1         2         3         4         5         6         7         8         9	Sex male female	Month UII AUG SER OCT NOV DEC
Weeks         10         20         30         40           Weeks         10         20         30         40           pregnant         1         2         3         4         5         6         7         8         9           Type of delivery         C-section         vaginal         Vear         20         1         2         3         4         5         6         7         8         9           Length         10         20         30         40         50         60         70         80         90           Type of anesthesia         local         spinal           general         epidural         NONE           Delivery location / complications / comments         Pounds         1         2         3         4         5         6         7         8         9	Sex male female Outcome miscarriage stillbirth	JUL AUG SEP OCT NOV DEC
Weeks pregnant       10 20 30 40 70 80 90         Type of delivery       C-section vaginal vacuum forceps         Type of anesthesia local general       local spinal epidural         NONE         Delivery location / complications / comments       NONE	Sex male female Outcome miscarriage stillbirth live birth abortion ectopic	JUL AUG SEP OCT NOV DEC
pregnant 1 2 3 4 5 6 7 8 9  Type of delivery	Sex male female Outcome miscarriage stillbirth live birth abortion ectopic	10 20 30 Day
pregnant 1 2 3 4 5 6 7 8 9  C-section vaginal Type of delivery vacuum forceps  Type of anesthesia local spinal general epidural NONE  Delivery location / complications / comments  Delivery location / complications / comments	Sex male female Outcome miscarriage stillbirth live birth abortion ectopic Preterm labor no yes	Day
Type of delivery	Sex male female  Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks	Day
Type of delivery vacuum forceps  Type of anesthesia local spinal general epidural NONE  Delivery location / complications / comments  Delivery location / complications / comments  Of labor  Hours 1 2 3 4 5 6 7 8 9  Birth 10 20  Weight Pounds 1 2 3 4 5 6 7 8 9	Sex male female  Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks 10 20 30 40  Weeks 10 20 30 40	Day
Type of anesthesia local spinal general epidural NONE  Delivery location / complications / comments  Delivery location / complications / comments  Delivery location / complications / comments	Sex male female  Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks pregnant 2 3 4 5 6 7 8 9	Day
general epidural NONE  Delivery location / complications / comments  Pounds 1 2 3 4 5 6 7 8 9	Sex male female  Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks pregnant 2 3 4 5 6 7 8 9  Type of delivery c-section vaginal	Day
Delivery location / complications / comments  Pounds 1 2 3 4 5 6 7 8 9	Sex male female  Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks pregnant 1 2 3 4 5 6 7 8 9  Type of delivery c-section vaginal vacuum forceps	Day
Pounds 1 2 3 4 5 6 7 8 9	Sex male female  Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks pregnant 1 2 3 4 5 6 7 8 9  Type of delivery c-section vaginal Type of anesthesia local spinal	Day
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	Sex male female  Outcome miscarriage stillbirth live birth abortion ectopic  Preterm labor no yes  Weeks pregnant 2 3 4 5 6 7 8 9  Type of delivery c-section vaginal yacuum forceps  Type of anesthesia local spinal general epidural NONE	Day