**Pregnancy History & Tracking**

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

Home Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Current Pregnancy**

Expected delivery date: \_\_\_\_\_\_\_\_\_\_\_

Length of pregnancy: [ ]  less than 12 weeks [ ]  12-24 weeks [ ]  24+ weeks

Prenatal Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone#

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

Date of first prenatal care visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of visits to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of next visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Pregnancies:** # \_\_\_\_\_\_\_\_\_\_ [ ]  None Date of last pregnancy: \_\_\_\_\_\_\_\_\_\_\_

Full-term live births # \_\_\_\_\_\_\_\_\_\_ Multiple births # \_\_\_\_\_\_\_\_\_\_\_

Pre-term live births # \_\_\_\_\_\_\_\_\_\_ Ectopic pregnancy # \_\_\_\_\_\_\_\_\_\_\_

Miscarriages # \_\_\_\_\_\_\_\_\_\_ Abortions # \_\_\_\_\_\_\_\_\_\_\_

Fetal death/stillborn # \_\_\_\_\_\_\_\_\_\_ Post-partum depression # \_\_\_\_\_\_\_\_\_\_\_

Breast fed # \_\_\_\_\_\_\_\_\_\_ Bottle/formula fed # \_\_\_\_\_\_\_\_\_\_\_

**Comments:**