Dar a Luz Tour:Prenatal &Medical History Screen (Rev 04/24/23)

Name _____ Phone _____ Age _____

Height _____ Pre-pregnancy weight _____ Estimated Due Date _____

Number of: Pregnancies you have had _____ Full-term births _____ Preterm births _____

Living children? _____ Prenatal visits this pregnancy? _____ Date of last prenatal visit? _____

Please fill out this quick prenatal and medical history. A midwife will review this form to determine if you are eligible for prenatal care at Dar a Luz Birth & Health Center. We may call you if we have questions.		

		PREGNANCY CONDITIONS: Current or past ***First FOUR questions MUST be answered***	
Y	N	**Hypertension in Pregnancy, either "chronic" or "gestational" or "pre-eclampsia"?**	
Y	N	Previous c-section? Only one? Y N **Date of c-section**	
Y	N	Post-partum hemorrhage with any previous birth?	
Y	N	**Diabetes in pregnancy?** **Recommendation for medication?**	
		Previous Rh sensitization (if you are Rh negative and had problems)	
		Problems with baby: Growth restriction, birth defects	
		Low-lying placenta or placenta previa in current pregnancy	
		Drug, alcohol, or tobacco use during pregnancy: Y / N Explain	
		MEDICAL CONDITIONS: Current or past, please explain	
		Chronic hypertension (high blood pressure)	
		Heart defects, heart murmurs, heart disease	
		Blood clots or bleeding disorders	
		Uncontrolled asthma	
		Kidney disease or infections	
		New onset severe migraine headaches	
		Seizure disorder	
		Diabetes, PCOS, or Metformin use	
		Thyroid disease: What type?	
		Lupus erythematosis/Auto-immune disease	
		Syphilis, Hepatitis B, Hepatitis C, HIV	
		Sickle cell anemia	
		Active Tuberculosis (TB)	
		Gallbladder disease, Cholestasis	
		**ANY uterine/pelvic procedures/surgeries/anomalies:	
		***ANY OTHER MEDICAL CONDITION(S):	
		MENTAL HEALTH CONDITIONS: Current or past	
		Depression and/or anxiety (please specify)	
		Any self-harming behaviors, cutting, or suicide attempts	
		Bipolar disorder	
		Other significant mental health condition:	

List all medications, vitamins, herbs, and any other supplements you are currently taking:

_____

_____

CNM only: GA _____   BMI _____ Midwife approval _____ Date _____

Midwife Notes