



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PREGNANCY INFORMATION:**

Date of home urine pregnancy test \_\_\_\_\_

Were your menses regular prior to getting pregnant?  Yes  No

Were you using any birth control when you became pregnant?  Yes  No

Is your partner involved and supportive?  Yes  No

If no, do you have other support? \_\_\_\_\_

If you have been pregnant in the past, did you experience any complications?  Yes  No  N/A

Gestational diabetes  High blood pressure  Preterm delivery  Other: \_\_\_\_\_

Did you see high risk/maternal fetal medicine doctor?  Yes  No

If you had a previous c-section, do you plan to have a repeat c-section?  Yes  No

Are you planning to have your tubes tied after this pregnancy?  Yes  No

What was your pre-pregnancy weight \_\_\_\_\_

Do you have an indoor cat?  Yes  No

Do you have a history of genital herpes?  Yes  No

**GENETIC TESTING:** Please check if you, the father of the baby, a first degree relative or any babies born in your family have had any of following:

	Yes	No	Please list who:
Cystic Fibrosis			
Down Syndrome/ Mental retardation/ Fragile X			
Heart defects			
Hemophilia/ Bleeding disorder			
Huntington chorea			
Muscular dystrophy			
Neural tube defects (spina bifida, anencephaly)			
Sickle Cell			
Thalassemia			
Tay Sachs			
Other birth defects or chromosomal abnormalities:			

**(Continued on back)**

**PHQ - 2**

<b>Over the last 2 weeks, how often have you been bothered by any of the following problems?</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>More than half the days</b>
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

*Office Use - Total Score:* \_\_\_\_\_

**GAD - 2**

<b>Over the last 2 weeks, how often have you been bothered by any of the following problems?</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>More than half the days</b>
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

*Office Use - Total Score:* \_\_\_\_\_