

Birthmother Clinical History

theCradle
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Mother's Name: _____ Age: _____

Pregnancy History

Gravida: _____ Para: _____ Prenatal care began: _____

Chronic illnesses: _____

Significant family medical history: _____

Complications of Pregnancy

	No	Yes		No	Yes
Bleeding:			PROM > 24 hrs:		
Preclampsia:			Placenta previa:		
Meconium:			Abruptio placenta:		
Other:					

Infections: No Yes If yes, explain _____

Drug use (licit & illicit) _____

If yes, explain (listing amount and trimester)

Alcohol use: _____

Rh factor: _____ Blood type: _____ RPR Date: _____ results: Neg Pos

Hepatitis B Date: _____ results: • • HIV Date: _____ results: • •

Toxicology Date: _____ results: • • _____

Labor and Delivery

Length of labor: _____ hrs Type of delivery: Vaginal C section

Medications given during labor: _____

Any other pertinent information: _____

Signature

Date