

**In an effort to streamline your admission process to Labor and Delivery, please fill this out and give to your nurse. Thank you!**

Name:
Expected Age at Delivery:
OB Physician:
Medication Allergies:
Latex/Adhesive Allergies:
Food Allergies:
Environmental Allergies:
Preferred Language:
Are there any issues that need to be kept confidential and not be discussed in front of family members?
List any alcohol, cigarettes usage, prescription drugs or non-prescription drugs you have used during this pregnancy.
List any methadone, subutex, suboxone or other drugs taken during this pregnancy.
Have you been given steroids for fetal lung maturity during this pregnancy?
Any genetic testing? If so, what type?
Any special fetal testing or pregnancy related procedures?
Do you wear glasses, contacts, dentures, hearing aids?
How many ultrasounds have you had during this pregnancy?
Where were ultrasounds performed? <b>Circle/Check:</b> MD Office    Dr. Gonzalez office    Women's Diagnostic Center
Have you seen a High Risk OB doctor or Dr. Gonzalez?
Name of support person and relation:
Marital Status:
Is the father of the baby involved?
Mom/baby same last name?
Have you attended any prenatal classes?
Pain management plans - breathing, medications, epidural?
Anesthesia Plans - epidural, spinal, local, uncertain?
Plans for labor & delivery - birth plan, cord banking/donation?
Do you plan to have your tubes tied during this hospitalization?
Pediatrician:
If infant is a boy, do you plan for a circumcision?
Any spiritual, cultural, or dietary needs that will affect your care?

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**Obstetrical History (this pregnancy or past pregnancies) Check all that apply.**

Do you desire visitation during your recovery?

Living arrangements - house, apartment, shelter, homeless?

Person available to discharge pt and at home for support? Who?

Gestation Diabetes

Incompetent Cervix

Infertility

History of preterm labor?

IUGR (previous infant less than 5# 8oz.)

Macrosomia (previous infant greater than 8# 13oz.)

Gestational Hypertension/Preeclampsia

Placenta Previa/Abruption

Rh Sensitization

Uterine Anomalies

Birth Defects

History of c-section?

History of stillbirth?

History of neonatal death?

Postpartum depression

Postpartum hemorrhage

Previous infant with NICU admission?

List any complications of this pregnancy.

Fetal arrhythmia?

**Medical History (check all that apply)**

Asthma

Diabetes

High blood pressure

Heart disease

Mitral valve prolapse

Neurological problems

Seizures

Kidney disease

Liver disease

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**Medical History (continued)**

Phlebitis

Thyroid dysfunction

Any other medical disease

Psychiatric disorders

Major trauma

Abnormal pap smear

Gynecological surgery

Hospitalization/surgery

Anesthesia problems

Family problems with anesthesia

Blood transfusion

**Infectious History (check all that apply)**

Chlamydia

Gonorrhea

Hepatitis

HIV/Aids

Human Papilloma Virus (HPV)

Syphilis

Tuberculosis

History of cold sores, genital herpes, or both?

Did your physician test your blood for HSV (herpes simplex virus)?

Is partner aware of any infectious history?

**Anesthesia**

Any family history of anesthesia problems? i.e. unexplained fever during surgery, malignant hyperthermia?

**Family Life**

Are you in a relationship where you have been physically or emotionally hurt or threatened?

History of physical, sexual, verbal abuse in the last 2 years?

Do you feel unsafe returning home?

Have you felt depressed in the last 2 weeks?

Have you ever thought about or attempted suicide?

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**Nutritional/Functional**

Problem with appetite > 3 days?

Abnormal weight gain or loss?

Chewing or swallowing difficulties?

History of diabetes, eating disorder, ulcerative colitis, Chron's disease, pancreatitis, hepatitis, gastric bypass surgery, sprue or renal failure?

Do you need assistance walking or with any other activity of daily living (feeding, bathing, toileting, grooming)?