

Past Pregnancy Questionnaire

Please fill in as much information as you can remember, if you don't know the answer you can check the [] at the end of the question. **Please answer all the questions.**

We may also need to request records from previous providers/ hospitals, if so we will ask you to sign a records release. Please list all previous pregnancies: (full term, pre- term, stillbirths, and miscarriages). If you have had any miscarriages, just note the date, and how many weeks you were. Please also include if you had a D & C. If you need more room, please use a blank sheet of paper.

[] Please check this box if this is your first pregnancy.

Date of delivery _____ [] Male [] Female []
Baby's weight: _____ [] How many weeks were you? _____ []
How long did labor last? _____ [] Vaginal birth [] C- section [] VBAC []
Who was the delivering doctor/ where did you deliver? _____
Did you have any anesthesia or pain medications? _____ None []
List any complications: _____ None []

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Please turn over if you need additional space

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