LAKE VISTA PEDIATRICS

An Integrative Approach

Physician: **Dr. Amy Matherne**

Date: _____

PRENATAL HISTORY

Infant last name: _____ **Due date:** _____

Obstetrician: _____ **Hospital:** _____

Mother's full name/Maiden name: _____ **Age:** ____

Father's full name: _____ **Age:** ____

Other guardian: _____ **Age:** ____

Number of pregnancies (including present): ___ **Living children:** ___ **Miscarriages:** ___

(A) MOTHER'S MEDICAL HISTORY:

Current pregnancy (please circle):

Diabetes High blood pressure Preeclampsia Excessive weight gain Smoking Bleeding Infection/Fever

Special Problems/Other: _____

Blood type/Rh: Mother: Father:

Medication/Drugs/Antibiotics taken during pregnancy and when?

_____

Imaging during pregnancy, results and when (including ultrasounds)?

_____

Planned caesarean section: Yes____ No____ Reason_____

(B) PREVIOUS PREGNANCIES:

Year of birth	Sex	Birth Weight	Special Complications

(C) PAST MEDICAL HISTORY:

Mother's past medical history: (Illness, Surgery, Injury, Allergies, and Hospitalizations)

_____

Father's past medical history: (Illness, Surgery, Injury, Allergies, and Hospitalizations)

_____

Family medical history: (Anemia, Bleeding disorders, Diabetes, Epilepsy, Miscarriages, Muscular disease, Newborn difficulties, Twins etc.)

_____

_____

(D) Special birthing considerations/Post-natal plans: (e.g. Alternative birthing center, Anesthesia, etc.)

_____

Feeding: Breast ____ Bottle ____ Undecided ____

Circumcision: Yes ____ No ____ Undecided ____