

# Doctor Visit

## 1 – 8 Weeks

Physician or Midwife: \_\_\_\_\_ First Exam: \_\_\_\_\_

Date of Last Period: \_\_\_\_\_ Projected Due Date: \_\_\_\_\_

### Previous Pregnancies

No. of Pregnancies: \_\_\_\_\_ No. of Live Births: \_\_\_\_\_

☐ Birth Defects Details: \_\_\_\_\_

☐ Genetic Disorders Details: \_\_\_\_\_

☐ C-Sections Details: \_\_\_\_\_

☐ Abortions/Miscarriages Details: \_\_\_\_\_

### Pap Smear

Last Pap Smear: \_\_\_\_\_ Next Pap Smear: \_\_\_\_\_

☐ Abnormal Cells Details: \_\_\_\_\_

☐ Gynecological Issues Details: \_\_\_\_\_

☐ Culture Check Details: \_\_\_\_\_

### Medical History

Blood Test Date: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Rh Status: \_\_\_\_\_

☐ Anemia ☐ Syphilis ☐ Hepatitis B ☐ Rubella

HIV Status: \_\_\_\_\_ Immune to Chicken Pox? \_\_\_\_\_

Chronic Conditions: \_\_\_\_\_

Acute Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Depression/Anxiety: \_\_\_\_\_

### Things to Do

Prenatal Vitamins: \_\_\_\_\_

Food to Eat: \_\_\_\_\_

Exercises to Do: \_\_\_\_\_

Warning Signs: \_\_\_\_\_

Questions for Next Appt. \_\_\_\_\_