



Doris Hossalla

Prenatal Information

Dr. Adana Gipson

1524 Leander Rd, Georgetown, TX 78628 San Gabriel Pediatrics 512-863-7586 Fax 512-863-5222

Infant's Last name: _____ First: _____ Due Date: _____

Mother's Name: _____ Father's: _____

Obstetrician: _____ Hospital: _____

Any pregnancy losses or terminations? _____ Total number of pregnancies, including this one: _____

Previous pregnancies

Name:	Age	Birthweight	Special Medications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's age: _____ Any medical problems: _____

Problem	YES	Family Member	Problem	YES	Family Member
Abnormal Chromosomes			Birth Defect - heart / spine		
Anemia			Cystic Fibrosis		
Blindness / Deafness			Diabetes (Juvenile / Adult)		
Hemophilia			Asthma / Allergies		
Heart / Blood pressure			Cholesterol		
Infant Death (any cause)			Infertility / Miscarriages		
Kidney / Bladder disease			Mental Retardation		
Muscular Dystrophy			Seizures (epilepsy)		
Stroke			Thyroid disease		
Tuberculosis			Cancer		

Other Medical problems: _____

Pregnancy related medical history: Please check any that apply

Problem	YES	NO	Explain / When (month of pregnancy)
Vaginal bleeding			
Fluid leakage			
Diabetes			
High blood pressure			
Vomiting			
Fever / Infection			
Medications / Drugs			
Alcohol / Tobacco use			
Prenatal vitamins			
Unusual exposure (Chemical, Xray, etc.)			

Other medical problems: _____

Planned Caesarean Section? _____ If yes, why? _____

Ultrasound done? _____ Amniocentesis performed? _____ Any Problems? _____

If your baby is a boy, do you request a circumcision? Yes _____ No _____ By Whom? _____

Planned feeding method: _____ Breast or _____ Formula Childbirth Class participation: Yes _____ No _____

Specific concerns that you would like to discuss: _____