

BIRTH HISTORY

Pregnancy

How old were you at this child's birth? _____

How many times had you been pregnant before? _____

How many live births prior to this pregnancy? _____

Did you have any problems with this pregnancy? Please circle

High blood pressure, toxemia, eclampsia

Diabetes

Illness of infection

Weight Loss

Hospitalization for any reason

Hepatitis B

Sexually transmitted diseases (STD's)

Did you take any medications during pregnancy (other than iron & vitamins)?

Please List: _____

Did you smoke? Yes / No How much? _____

Any drug use? Yes / No

Marijuana, cocaine, methadone, methamphetamines, other

Did you have an ultrasound? Yes / No

Were there any problems detected with the baby? _____

Labor & Delivery

Did you have a vaginal delivery or C-Section? (circle one)

How long before the baby's delivery did your bag of water break? _____ hours.

Did you run a fever during labor? Yes / No

Baby's APGAR score (if known): _____ 1 min _____ 5 min

Baby's birth weight: _____

Any problems with the baby in the nursery? _____

Did you breastfeed your baby? Yes / No

In what hospital was your baby born? _____

East Portland Pediatric Clinic, P.C.

Physicians

503-255-3544

Updated 2/07

Patient Name: _____

Birth Date: _____