

Pregnancy History

No.	Month/Year	Sex	Weight at birth	Type of delivery	List any complications during Pregnancy or delivery
1					
2					
3					
4					
5					
6					
7					
8					

History Since your last period

- Headaches _____
- Nausea/Vomiting _____
- Abdominal pain _____
- Urinary complaints _____
- Vaginal discharge _____
- Vaginal bleeding _____
- Swelling _____
- Rubella exposure _____
- Other viral exposure _____
- Radiation exposure _____

Medication since your last period

None _____

List Medications _____
