BIRTH MOTHER:							

PREGNANCY HEALTH QUESTIONS

We know that the following questions can be very sensitive, and we want you to know that we respect you and your privacy. However, this information can have medical implications for your current health, and the health of your baby. This will help us to know the best way to care for you and your child.

Have you been pregnant	Have you consumed alcohol?	Have you taken prescription drugs,
Live births? (#)	If yes, what kind?	If yes, are you still?
Miscarriages? (#)	How often?	What kind?
Stillbirths? (#)	When during your pregnancy?	How often?
Abortions? (#)	Are you still drinking alcohol?	When during your pregnancy?
Complications with prior	If yes, how often?	Have you smoked cigarettes during
		If yes, how much
If yes, please explain:		Are you still smoking?

HEALTH HISTORY OF BIOLOGICAL PARENT

Place an "X" if the listed medical condition exits in your medical history or if any relatives or other family members have/had any of the conditions. If one of your relative's has died, and the death was the result of a particular medical condition, please note it on the explanation section to the right of the condition.

Complete Family Medical History

Medical						Mom's	Mom's	Dad's	Dad's	Aunt/	
Condition	You	Mom	Dad	Sister	Brother	mom	dad	mom	dad	Uncle	Explain
Allergies											
Asthma											
Disorder /											
Learning											
Differences											
Autoimmune											
Disease											

Medical						Mom's	Mom's	Dad's	Dad's	Aunt/	
Condition	You	Mom	Dad	Sister	Brother	mom	dad	mom	dad	Uncle	Explain
Birth Defects											
Blood Disorder											
Cancer (indicate											
type & age)											
Diabetes											
Family violence											
Genetic Disorder											
GI Problems											
Hearing/ Speech Problems											
Fiobleilis											
Heart Disease											
(indicate age)											
Hepatitis/ Liver											
Disease											
High Blood Pressure											
High Cholesterol											
Hip Dislocation / Dysplasia											
Kidney Disease											

Medical Condition	You	Mom	Dad	Sister	Brother	Mom's mom	Mom's dad	Dad's mom	Dad's dad	Aunt/ Uncle	Explain
Learning Problems											
Mental Health/ Depression											
Mental Deficits											
Seizures											
Strabismus/ Lazy Eye											
Stroke											
Thyroid Disease											
Tobacco Use											
Alcohol/Drug Abuse											
Other											