



Please Fax to 414-847-1778  
Attention Health Coach

**Member Information**  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date of Initial Prenatal Visit: \_\_\_\_\_ Completion date of Pregnancy Form: \_\_\_\_\_

**Current Pregnancy**  
Gravida \_\_\_\_\_ Para \_\_\_\_\_ LMP \_\_\_\_\_ EDC \_\_\_\_\_ Blood Type \_\_\_\_\_  
Multiple Gestation this pregnancy    Maternal age  $\leq$  16 years    Maternal age  $\geq$  35 years of age

**Previous Pregnancies**  
Multiple Gestations previous pregnancy    Previous C-Section    Hx of Placenta Previa  
Hx of SAB/TAB/Fetal Demise    Preterm Labor/Delivery    Hx of Post Partum Depression  
Week of demise \_\_\_\_\_    Week of delivery \_\_\_\_\_

**Medical History** (Check all that apply)  
Cardiac Disease(Current/Past)    Clotting Disorders(Current/Past)    Diabetes/Gestational Diabetes(Current/Past)  
HIV Testing (Current/Past)    Hypertension or PIH(Current/Past)    Incompetent cervix(Current/Past)    Mental  
Illness(Current/Past)    Neurologic Disorders(Current/Past)    Respiratory Conditions(Current/Past)  
Sickle Cell Anemia(Current/Past)    STD(Current/Past)

**Psycho/Social Issues** (check all that apply)  
Drug Abuse(Current/Past)    Alcohol Abuse(Current/Past)    Smoker (Current/Past)    Domestic Abuse (Current/Past)  
Housing Issues    Lack of Support System

**Prenatal Care and Nutrition** (Check all that apply)  
Missed several medical appointments    Currently Enrolled in WIC

Description of above or other unlisted conditions: \_\_\_\_\_  
\_\_\_\_\_  
List of Medications: \_\_\_\_\_  
\_\_\_\_\_

**Provider Information**

_____ Provider Signature	_____ Provider Printed Name
_____ Provider Address	_____ Provider Phone #
_____ Delivery Hospital	_____ Provider Fax #