

Name: _____

1. AGE _____

2. Primary Payment Method: PLEASE CIRCLE ONE:

Chip Indemnity Insurance Medi-Cal Tricare Private Managed Care Self Pay/Private Grant
Other _____

3. Years of Education: _____ (High School is 12, Bachelors is 16, etc.)

4. Race: PLEASE CIRCLE ONE

-White, non Hispanic -Black or African American -American Indian or Native Alaskan
-Asian Indian -Chinese -Filipino
-Japanese -Korean -Vietnamese
-Other Asian -Native Hawaiian -Guamanian or Chamorro
-Samoan -Pacific Islander
-Mixed Race -Spanish/Hispanic/Latino * IF SO PLEASE SPECIFY _____
-Other

5. ZIP CODE _____

6. Marital Status: PLEASE CIRCLE ONE :

-Divorced or Widowed -Separated -Married, living with partner
-Single, living with partner -Single, NOT living with partner

7. Medical History: PLEASE CIRCLE ALL THAT APPLY TO YOU PAST OR PRESENT:

-None -Anorexia/Bulimia -Asthma (Requiring medicine)
-Chronic High Blood Pressure-Chronic Renal Disease -Depression/Psychiatric
-Diabetes -Thrombophilia (blood clot) -Thyroid Disease
-Heart Disease -Smoker -HIV Positive Antibody
-Substance Abuse -Sexual Abuse/ Trauma -Domestic Violence (Past/Present)
-If you, yourself were born preterm
-Periodontal Disease (bleeding or receding gums, caries, lack of dental care, poor dental hygiene)
-Seizures (requiring medication or hospitalization)
-Infertility Treatment Resulting in Current Pregnancy Pregnancy(IVF or ICSI)
-Sexually transmitted infection within 6 months before this pregnancy -Other: _____

8. Pre-pregnancy weight _____ 9. Height: _____

10. Total # of pregnancy's _____ 11. Total # of births after 20 weeks _____

12. Previous pregnancy History Complications: PLEASE CIRCLE ALL THAT APPLY!

-None -Cesarean Birth -High blood pressure in pregnancy only
-Gestational Diabetes -Hyperemesis -Stillbirth or fetal loss at 20 weeks or more (IUFD)
-Vacuum or Forceps -Pre-eclampsia -Less than 18 months between Pregnancies
-Congenital Anomalies -IUGR/Small for gestational age -Retained Placenta
-Macrosomia/ LGA -Neonatal Death -Shoulder Dystocia
-Postpartum Depression -Preterm Birth less 37 Wks. -Pyelonephritis (kidney infection)
-Uterine Abnormality - Bicornuate or Septate Uterus, didelphys uterus, unicornuate uterus
-Postpartum Hemorrhage (bleeding after delivery requiring medication)

13. Planned Place of Birth: _____

14. Weeks of Gestation at Initial Visit: _____

15. Date of Initial Visit to BSBC: _____ 16. Estimated Due Date: _____