

*You matter most*

## PREGNANCY BOOKING FORM FOR HARROGATE HOSPITAL

<b>Are you currently booked at any other hospital? If yes which:</b>			
<b>Your Details</b>			
TITLE: Mrs/Miss/Ms/Other:		Previous Name(s):	
Surname:		Forename(s):	
Address:			
e-mail address			
Telephone: Home		Work	Mobile
<b>Are you happy to be contacted via text message</b> YES      NO			
DOB:	Age:	Religion:	Ethnic Origin:
Occupation		GP Surgery	
Height To be completed by midwife at booking	Weight To be completed by midwife at booking	Last form of Contraception	
1 <sup>st</sup> day of last period		Are your periods regular?    YES      NO	
How many weeks pregnant are you now?			
Have you ever smoked? YES/NO		Do you still smoke?    YES/NO	
If YES how many a day? .....		Have you stopped in the last 12 months?	
Does your partner smoke? YES/NO		If YES how many a day? .....	
Does anyone smoke in your household?    YES/NO			
Do you take any drugs prescription/over the counter, street drugs or gas or glue? YES    NO		If YES what do you take?	
Do you drink alcohol? YES    NO	Current alcohol weekly units.....	Pre-pregnancy weekly units .....	

<b>Next of Kin</b>		
Surname:		Forename(s):
Relationship (e.g. Husband, partner etc):		DOB:
Address if different from above		
Telephone: Home		Mobile
Occupation:		Ethnic Origin

Personal History			
	YES	NO	COMMENTS/DETAILS
Admission to ITU/HDU			
Admission to Hospital in last 12 months			
Anaesthetic Problems			
Allergies (inc. Latex)			
Asthma/ Chest Problems			
Back Problems			
Blood Disorder			
Blood Transfusion			
Cancer			
Cervical Smear			Date taken:                      Result:
Chicken Pox (varicella)			Age when had:
Diabetes			
Epilepsy or Neurological problem			
Exposure to toxic substances			
Infertility Problems			
Female Circumcision			
Gastro – intestinal problems e.g. Crohns			
Genital infections e.g. Chlamydia, herpes			
Gynaecological problems/operations			
Heart Problems			
High Blood Pressure			
Incontinence (urinary or faecal)			
Infections (MRSA, GBS)			
Kidney or Urinary Problems			
Liver Disease inc. Hepatitis			
Mental Illness (past or present inc inpatient care)			
Migraine or severe headache			
Musculo – skeletal problems			
Operations			
Pelvic Injuries			
Pregnancy Problems (HELLP or Choleostasis)			
Sickle Cell or Thalassemia			
Exposure to TB			
Thrombosis (blood clots)			
Thyroid problems			
Other (provide details)			
Medication in the last 12 months			
Folic acid tablets			Start Date                      Dose
Vitamin D			Start Date
Vaginal Bleeding/Seen in EPAU in this pregnancy			
<b>Antenatal Screening for Down's, Edward's and Patau's syndromes see information available on the link</b>			
<b>Have you read the information regarding antenatal screening tests available? YES                      NO</b>			
<b>Are you considering any of the above screening tests? YES                      NO</b>			

Any Problems with			
	YES	NO	COMMENTS/DETAILS
Communication			
Interpreter required			
Sight			
Hearing			
Mobility			

Family History					
	Maternal (mother's) family		Paternal (father's) family		Comments
	YES	NO	YES	NO	
Diabetes TYPE:					
Thrombosis (blood clots)					
High Blood Pressure/Eclampsia (fits in pregnancy)					
Hip Problems form Birth					
Still birth or Multiple Miscarriage					
Hepatitis B					
MCADD					
Sudden Infant Death (Cot Death)					
Learning Difficulties					
Hearing Loss from Childhood					
Heart Problems form Birth					
Abnormalities Present from Birth					
Mental Health Problems					
Is your partner the baby's father?			YES		NO
Is your baby's father a blood relation?			YES		NO
Has anyone in your family had genetic counselling?			YES		NO

All Previous Pregnancies including Miscarriages								
Date	Place	Weeks	Spontaneous or Induced	Delivery Type (normal, forceps, Caesarean)	Sex	Weight	Breast or Artificial Milk	Name of Child