

NAME _____ BIRTHDATE _____ HEIGHT _____

ALLERGIES _____

PREGNANCY RECORD

#OF PREGNANCIES _____ DELIVERIES _____ MISCARRIAGES _____ ABORTIONS _____

BORN NO.	MO/YR	HOSPITAL	BABY'S WT	WKS. PREG	HOURS LABOR	TYPE OF DELIVERY	COMPLICATIONS	
							NO	YES

HOSPITALIZATIONS OR SURGERIES (DO NOT LIST PREGNANCIES)

DATE	HOSPITAL	DESCRIPTION AND COMPLICATIONS
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PROBLEM LIST (FOR DR.'S USE ONLY)

DATE	PROBLEM	TREATMENT
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