

Dear _____,

Congratulations on your pregnancy! We invite you to join the Mommy and Me program. Please take some time and answer the questions below about your pregnancy and medical history and return it in the enclosed envelope. Your answers enable us to customize the Mommy and Me program to your specific needs and requests. The information provided is strictly confidential and for use in the Mommy and Me program only. Shortly after you return the questionnaire you will receive your book and information packet. We look forward to hearing from you soon.

Mother To Be Name _____ **DOB** _____ **Age** _____

HealthChoice ID Number) _____

Member _____ or Eligible Dependent _____

Member's Name (if different) _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone(____) ____ - _____ **Work**(____) ____ - _____

E-Mail address _____ Ok to send info to ___ Yes ___ No

Best time/place for follow up calls _____ **Baby Due Date** ____/____/____

1st Prenatal Visit ____/____/____ Breastfeeding _____ Bottle feeding _____

Combination of both _____

Doctor _____ Hospital _____

Mother's education completed High School ___ college ___ graduate degree ___

Marital status _____ Others living in home _____

Past Pregnancies :

How many pregnancies have you had (**include this one**)? _____ Miscarriages? _____ at _____ weeks

Any history of infertility? ___ Y ___ N Blood type & Rh (if known) _____

If Rh negative, have you had RhoGam in the past? _____

How many children do you have? _____Ages _____

Their births were vaginal _____ c-section _____ vaginal after c-section(VBAC)_____

If you had a c-section, what was the reason?_____

Have any of your babies weighed less than 5 lb 8 oz? _____ more than 9 lbs _____

Have any of your babies been premature? _____How premature?_____weeks

Was your premature baby in neonatal intensive care unit _____ - How long

_____Any birth defects? _____ Lasting Problems? _____

Current Condition_____

Did you experience any complications with your pregnancies? : (check all that apply)

problems with the placenta _____ toxemia _____ high blood pressure _____ diabetes _____

bleeding_____ pre-term labor _____ incompetent (weak) cervix _____cerclage(suture to

keep cervix closed) _____ distress in the baby at any time _____ Abnormal uterus or

fibroid in the uterus _____ other complications of pregnancy(explain)_____

Medical History

Have you ever been told that you have: (check all that apply)

Diabetes____ High blood pressure _____ Tuberculosis _____ Blood clots or varicose veins

____ Kidney problems _____ Liver disease _____ Birth defects _____ Thyroid problems _____

Epilepsy _____ Lung problems _____ Heart problems _____ Allergies _____ Problems with

your blood _____ Arthritis or Lupus _____ Stomach problems _____ Bone or muscle

problems _____ Depression _____ Other mental illness _____ Other medical problems

Please explain any _____

Have you ever had surgery? ___Y___N When?_____

What kind of surgery? _____

Do you smoke ? ___Y___N How much?_____/day Would you like to stop

smoking?___Y___N Regular exposure to second hand smoke? ___Y___N

Do you use alcohol? ___Y___N How often? ___daily___occasionally___

How much coffee, tea, cola, cocoa do you drink per day? _____ cups/cans Do you take prescription medications? __Y__N Over the counter medicines? __Y__N Please list medications you are taking _____ Recreational “street drugs” __Y__N How often do you exercise? Daily __Occasionally__ never _____ Type of exercise _____

On your job:

Occupation _____ **Work hours** _____

Are you on your feet ___ sitting ___ most of the time? Do you have to perform heavy lifting? _____ Are you exposed to excessive noise or chemicals of any kind? _____

What are they ? _____ Do you wear protective equipment? _____

Rate your stress level ; (1-10) 10 is very stressful: At home _____ At work _____

How did you hear about Mommy and Me? _____

If you are enrolling after 12 weeks of pregnancy, is it because you did not know about the program? ___ You decided to wait to enroll? ___ Your physician told you about the program? ___ Do you read the HealthVoice newsletter? ___ Other reason _____

Current pregnancy: (check all that apply)

Are you taking prenatal vitamins ___ iron supplement ___ folic acid ___

Are you overweight ___ underweight ___ average weight ___ Dieting ___ Type of diet _____ Have you had any bleeding or spotting? ___ cramping ___

backache ___ abdominal pain ___ constipation ___ infections ___ nausea and/or vomiting ___ premature labor ___ bladder or kidney infections ___

Headaches ___ accidents or injuries ___ anemia(low blood count) ___ abnormal tests your doctor has made you aware of _____

Please explain any problems you are having _____

Are you planning to take childbirth classes during this pregnancy? __Y__N

Refresher _____

Topics you would especially like to receive information

on: _____

*Thank you for taking the time to complete this information. I am happy you have chosen to participate in the program and look forward to assisting you in any way we can to have a healthy, happy pregnancy. Call me whenever I can be of assistance to answer questions or provide additional information. **Our Mommy and Me number is 1-800-475-9926.***

*Your first packet will be on its way as soon as we receive your completed questionnaire. It will include **What to Expect When You're Expecting** or **Your 2nd Pregnancy-What to Expect This Time** and other helpful information.*

Sincerely,

Mommy and Me Coordinator