



Pregnancy History and Tracking

Date completed: ____/____/____ Name: _____

Completed by: ☐ Head Start Staff Specify: _____
☐ Medical Provider Specify: _____

Current Pregnancy

Expected delivery date: ____/____/____ ☐ Don't know
Length of pregnancy: ☐ Less than 12 weeks ☐ 12-24 weeks ☐ 24+ weeks ☐ Don't know
Month of first prenatal care visit: _____ ☐ No visit
Prenatal Care provider: ☐ No Prenatal Care provider

Provider name	Phone #
Street	Suite #
City	State
	Zip

Prenatal Care: ☐ No prenatal visitsDate of last prenatal visit: ____/____/____ Date of next scheduled exam: ____/____/____ ☐ No exam scheduledNumber of Prenatal Care visits since the first: _____ ☐ Don't rememberTime since last pregnancy: ☐ No previous pregnancy ☐ Less than 18 months ☐ More than 18 months

Previous Pregnancies ☐ No previous pregnancies(end of section)

of previous pregnancies _____

Full-term live births _____ Multiple gestations _____

Pre-term live births _____ Induced abortions _____

Spontaneous abortions _____ Ectopic pregnancies _____

Fetal deaths/stillborns _____

Comments: _____

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