



Pregnancy History and Tracking

Date completed: ___/___/___ Name: _____

Completed by Head Start Staff: _____

Current Pregnancy

Expected delivery date: ___/___/___ [] Don't know delivery date

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 #
Address		
City	State	Zip

Prenatal Care:

_____ Date of last prenatal visit: ___/___/___ [] Receiving ongoing care [] Receiving no prenatal care

Time 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: _____

