

Patient registration

Pregnancy

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OBSTETRICS & GYNAECOLOGY

Date completed: _____

Patient name: _____ Date of birth: _____

This pregnancy:

First day of your last menstrual period: ☐ Unsure Date: _____

Estimated due date: ☐ Unsure Date: _____

How was this pregnancy conceived?

☐ Spontaneously ☐ Ovulation induction ☐ IUI ☐ IVF ☐ Donor sperm/egg/embryo ☐ Prefer to discuss

Number of babies: ☐ One ☐ Twins/multiples ☐ Not yet known

Current gestation (if known): _____ weeks _____ days

Planned hospital or place of birth (if known): _____

Current pregnancy concerns:

☐ None ☐ Bleeding ☐ Pelvic/abdominal pain ☐ Severe nausea/vomiting ☐ Other: _____

Do you have any particular hopes, preferences or priorities for your pregnancy that you'd like me to be aware of?

Care and investigations so far:

Pregnancy confirmation & scans:

☐ Home/urine test ☐ Blood test ☐ Dating ultrasound ☐ Nuchal translucency/early anatomy scan ☐ None yet

Screening and blood tests: ☐ Routine antenatal blood tests ☐ NIPT/cfDNA ☐ Carrier screening ☐ None yet

☐ Other: _____

Results/Reports: ☐ Attached/provided to practice ☐ Practice may request ☐ I do not yet have reports

Details (e.g. company, location, approximate date): _____

Previous pregnancies (if applicable):

Pregnancy summary: Pregnancies: _____ Births: _____ Miscarriages: _____ Ectopic: _____ Terminations: _____ Living children: _____

Previous births: ☐ Vaginal birth ☐ Assisted vaginal birth ☐ Caesarean ☐ Not applicable

Significant previous pregnancy or birth complications:

☐ High blood pressure/pre-eclampsia ☐ Gestational diabetes ☐ Heavy bleeding/transfusion ☐ Placental problem ☐ Severe tear

☐ Baby growth problem (Too big or small) ☐ Stillbirth/neonatal loss ☐ Preterm birth ☐ Postnatal depression/psychosis

☐ Other: _____

Anything from a previous pregnancy you particularly want to discuss? ☐ No ☐ Yes ☐ Prefer to discuss privately

Health and medicine review

Medical conditions:

- ☐ High blood pressure or heart condition ☐ Diabetes — type 1 or type 2 ☐ Thyroid or other endocrine condition
- ☐ Epilepsy or other neurological condition ☐ Asthma or significant respiratory condition ☐ Kidney or liver disease
- ☐ Autoimmune condition or reduced immunity ☐ Previous blood clot, bleeding/clotting or blood disorder
- ☐ Blood-borne virus or other chronic infection ☐ Prefer to discuss privately ☐ Other condition requiring specialist care:

Height and weight: Height (cm): _____ Pre-pregnancy weight (kg): _____ Current weight (kg): _____ ☐ Unsure

Previous operations: ☐ None ☐ Caesarean ☐ Uterine/cervical surgery ☐ Abdominal/pelvic surgery ☐ Other

Brief details/year: _____

Current medicines, vitamins and supplements:

☐ None ☐ Folic acid ☐ Prenatal vitamin ☐ Aspirin List names/doses if known: _____

Allergies or medicine reactions:

☐ None known ☐ Yes, list allergy & reaction: _____

Blood group (if known): Group: _____ Rh ☐ Positive ☐ Negative ☐ Unsure

Lifestyle and wellbeing

Smoking: ☐ No ☐ Yes ☐ Stopped Details: _____

Vaping: ☐ No ☐ Yes ☐ Stopped Details: _____

Alcohol: ☐ No ☐ Yes ☐ Stopped when pregnancy known Details: _____

Other substance use: During this pregnancy, have you used recreational or non-prescribed substances, or medicines other than as directed?

☐ No ☐ Yes, brief details: _____ ☐ Prefer to discuss privately

Mental health and current supports: ☐ No current concerns ☐ Anxiety ☐ Depression ☐ Current professional support

☐ I would like to discuss support ☐ Other concern: _____

Neurodivergence, communication or sensory needs: ☐ None known ☐ ADHD ☐ Autism ☐ Prefer to discuss privately

☐ Other: _____

Adjustments that help: _____

Relevant family history

Family/genetic history in either genetic parent or donor: ☐ None known ☐ Inherited/genetic condition ☐ Birth difference

☐ Intellectual disability ☐ Recurrent pregnancy loss/stillbirth ☐ Blood clotting disorder ☐ Other:

Relative/details: _____

Diabetes or pre-eclampsia in close relatives: ☐ None known ☐ Diabetes ☐ Pre-eclampsia Relative/details: _____

Supporting your care – Is there anything you would like us to know before the consultation? For example: accessibility or communication needs, a support person, previous difficult care or trauma, or a preference to discuss something privately: