Name	First	Middle		Last		Maiden?	Date		Phone (home) (work)
Race	Religion	Yrs Educ	Marital Status	Occupation/Type of E		Business	Date of Bi	th	State of Birth
Address:	: Street			City		Zip	Inside City Ves		How long at this address?
Father of	f Baby: First		Middle	Last	Race	Yrs. Educ	Date of Bi	th	State of Birth
Address (if different from above)							Phone(work) (home)		Occupation/type of busines
Partner/Husband (if different from Father)				Another person to contact in emergency Phone: Name: relationship: Insurance Information: Copay Name of Policy Holder:					
	lethod of Payment: Other: Medicaid Cash				1 - 5	n. Conav	Name of F	olicy Holde	r
			-	Policy #		оп. Сорау	Group #		
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REVI	OUS	PREGNANCY	OUTCOMES	Please complete	e this table regarding your own pregnancies (from earliest to most recent)
ate		#Weeks	Birth/Miscarriage/	Termination	Comments/Problems
SHITP CONT					
		1			
La Carteria					
Yes	No	Have you or t	he father of the ba	by (FOB) ever ha	ad a baby with a birth defect or mental retardation?
Yes	No	Do you or the	FOB have any far	mily members wit	h birth defects or conditions diagnosed as genetic or inherited?

Have you ever had a sexual partner who used any drug IV, had a blood transfusion, or had bisexual relations?

Mediterranean

Are you and the FOB related by blood? (e.g., cousins)

No Are you or the FOB from any of these ethnic/racial groups? (circle) Yes Black/African

Have you or the FOB ever had hepatitis or jaundice? Yes No

Have you ever used any drug intravenously (IV) or had a blood transfusion? Yes No

Do you think you are at increased risk for having a baby with a birth defect or genetic problem? Yes No

Yes

Do you think you are at increased risk for AIDS/HIV? Yes No

Yes No Have you ever experienced dramatic fluctuations in your weight? Have you ever had anorexia, bulimia or other eating problems? Yes No

Is there anything about the development of your sexuality that you'd like to discuss? Yes No

Have you ever been in an abusive relationship, including now, or been abused (physically or emotionally intimidated, beaten, injured, or made Yes No

Yes Have you ever had severe emotional problems?

to take part in sexual activities against your will)?

Yes No Have you ever been on any medication for psychological problems?

Has anyone ever told you, or do you think, you have ever used alcohol or drugs excessively? Yes No