



Information from the expectant mother

All information will be
treated confidentially

Personal details

Name _____ First name _____
Name at birth _____ Born on _____ Place of birth _____
Residence _____ Postcode _____
Street _____ Religion _____ Nationality _____
Phone _____

Member of a statutory health insurance Treatment by a doctor
private health insurance
name of health insurance _____

Occupation during this pregnancy No Yes

Profession (also housewife) _____

Occupation as a burden? No Yes

Details of husband/partner (voluntary)

Name _____ First name _____
Date of birth _____ Place of birth _____
Religion _____ Nationality _____
Address _____ Occupation _____

Births so far

Date _____

Sex _____

SSW _____

Normal delivery _____

Suction cup/forceps _____

Caesarean section _____

Weight _____

Breastfed? _____

Problems in the postpartum period _____

Miscarriages When _____

Ectopic pregnancies When _____

Abortions _____

Your gynaecologist _____

Your midwife _____

Your supervising paediatrician _____

Further information on the expectant mother and the course of pregnancy

Do you have any special illnesses/severe general illnesses
(heart, liver, kidney, stomach, intestines, hypothyroidism)?

No Yes _____

Are allergies known? _____

Previous operations (when, where)? _____

Questions about the current pregnancy

Last menstrual period _____

Date of delivery _____

Body size _____

Did you regularly during pregnancy:

Smoked? No Yes Cigarettes/per day _____

Taken drugs? No Yes

Tablets consumed? No Yes

Do you want to breastfeed? No Yes

Other remarks

I have the following comments

Please bring the completed questionnaire to the next appointment.

Thank you very much, your gynaecological clinic at the DIAKO