**
Pre-Admit Assessment**

**Medical History:**

1. My Name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My due date is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My support person is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you require an Interpreter? No Yes
4. Name of your family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Delivering Doctor/Midwife’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Baby’s Doctor will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. My Height: \_\_\_\_\_\_\_\_\_\_\_\_ Pre- Pregnant weight:\_\_\_\_\_\_\_\_\_\_\_\_ Current Weight:\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you have any allergies? No Yes If yes, please list and describe you reaction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you take any medications (including herbal & nutritional supplements, please)? If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current pregnancy history (any problems with this pregnancy?):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is this birth a surrogacy or adoption? No Yes
4. Have you ever had a blood transfusion? No\_\_\_ Yes\_\_\_\_ If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Many women experience periods of anxiety and mood swings following the birth of a baby. Are there any of the following factors that might contribute to post-partum mood or anxiety issues for you?

 Family history of depression (who?):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Personal history of depression Recent personal or family stress Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

**Social History:**

1. Have you attended: Prenatal classes \_\_\_\_\_\_ Breastfeeding class \_\_\_\_\_\_\_ Hospital tour \_\_\_\_\_\_
2. Are you on a specific diet? No\_\_ Yes\_\_\_ explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you drink alcohol during this pregnancy? No Yes If yes, how much:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you smoke? No Yes exposure to second hand smoke
2. Do you or your partner use street drugs? No\_\_\_ Yes\_\_\_ If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like to speak to a hospital social worker after your delivery? No\_\_\_\_ Yes\_\_\_\_\_
2. Are you involved with Family & Children’s services? No\_\_\_ Yes\_\_\_\_

If yes, Case worker’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Plan:**

1. Who are your support people through labour:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who will be present during the birth of your baby:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What are your plans for comfort measures:

Breathing techniques \_\_\_ bath/shower\_\_\_ hot/cold compresses\_\_\_ birthing ball \_\_\_ Massage \_\_\_

Walking \_\_\_ Nitronox (laughing gas) \_\_\_Music \_\_\_Wear my own clothes\_\_\_ IM narcotic \_\_\_ epidural \_\_

Sterile water injections (for back labour) \_\_\_ other \_\_\_

1. Are there any customs or traditions you want to perform that we should know about? \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Birth of Your Baby:**

1. We will help you find different, comfortable positions during the pushing stage of labour. Which of the following would you like to try?

 Lying on side \_\_\_squatting \_\_\_ sitting \_\_\_use of a mirror \_\_\_ other\_\_\_\_\_\_\_\_\_\_\_\_\_

1. After the baby is born, we would like to:

Have uninterrupted skin to skin for the first hour \_\_\_\_ or have baby the baby wrapped first \_\_\_\_

1. We plan on breastfeeding \_\_\_\_\_\_\_\_ We plan on Formula feeding \_\_\_\_\_\_\_

Previous feeding no\_\_ Yes\_\_ If yes, for how long.

**After the birth of your baby until you go home:**

1. If the baby is a boy I would like to arrange for a circumcision : No\_\_\_\_ Yes \_\_\_

(Fees apply)

1. We are okay with the nurses giving our baby the Vitamin K: No\_\_\_ Yes\_\_\_
2. We will wait until we are home to give the baby its first bath: No \_\_ Yes \_\_ If No would you prefer the nurse to show you how to do a baby bath: Yes \_\_\_\_ or have \_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the first bath.
3. We want to be present for all tests and blood work the baby may need: No\_\_\_ Yes\_\_\_\_

**If you would like to speak with a nurse about this questionnaire, please contact the Women & Children’s unit: 519-631-2030, Extension 2196**

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antenatal records 1 & 2, Obstetrician’s history & Pre-Obstetrical Pre-Admissions assessment Reviewed by admitting nurse:

Nurse’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_