



My pregnancy visit record

Date _____ My Blood Pressure _____

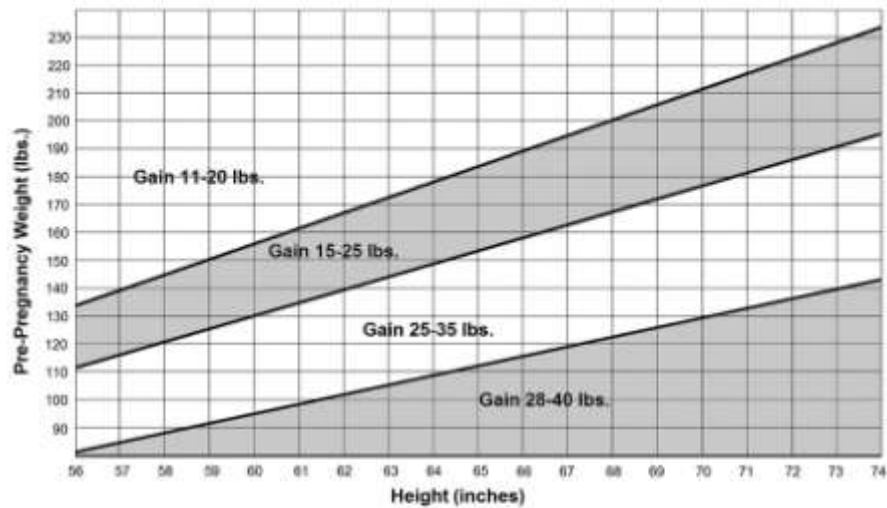
Week of pregnancy _____ My weight today _____ and my total weight gain _____

How is my baby _____

My questions today are _____

Have you experienced?

- Headaches
- Visual disturbances
- Dizziness
- Fever/chills
- Nausea/vomiting
- Fetal movement
- Abdominal pain/contractions
- Back pain
- Dysuria
- Vaginal discharge/leaking fluid
- Vaginal bleeding
- Constipation/hemorrhoids
- Varicosities/leg ache
- Leg cramps
- Edema (ankle, legs, face, hands)
- Exposure to any infectious diseases
- Use of any medicines other than those Prescribed
- Any relationship changes, abuse?
- Any medical care since last visit (e.g., Doctor, emergency room); reason, Diagnosis, treatment



My target weight gain is _____ pounds.

