



RED DEER PRIMARY CARE NETWORK – Pregnancy & Babies Survey

Scheduling Line: 403.314.3297 Fax: 403.754.4374

Initial Intake – Prenatal Complete

****Place Chart Label here OR complete the below information****

You will be contacted by the Primary Care Network to set up an appointment with a Pregnancy and Babies Nurse who provides information and resources over the telephone or in person

Today's Date: _____

Doctor I am seeing today: _____

Patient Name: _____

My Family Doctor: _____

Phone Number: _____

Clinic of Family Doctor: _____

Email Address: _____

Location (town, city) of Clinic: _____

DOB: _____

(yyyy-mmm-dd)

I do not have a Family Doctor

My age is: 19 and under 20 - 39 40 and over

How many weeks pregnant 1 – 13 14 - 26 27 - 40+

Number of pregnancies I have had (including this one) _____

Number of children I have delivered _____

Concerns I have about this pregnancy

Miscarriage/Premature Birth

Safe Exercise

Healthy weight gain

Eating healthy

Labour/Delivery

Other: _____

Other things that concern me during this pregnancy

Use of alcohol, medication or drugs

Smoking (tobacco use)

Previous traumatic birth/fears

Moved to a new community

Work/School

Depression/Anxiety/Grief

My Health (explain) _____

Other: _____

Concerns I have about support and relationships

Relationship problems

Single Parenting

Stress at home

Feeling Safe

Support from family/friends/partner/father of baby

During the last year I was not able to afford

Transportation

Enough food

Childcare

Healthcare (dental, eye exam or prescription)

Clothes

Housing (mortgage or rent)

Sometimes I may not get to my medical (doctor, lab, ultrasound) appointments because

I feel uncomfortable or judged

I do not feel it is a priority

I have no one to watch my children

I have no way to get there

I cannot take time away from work/school

I am interested in the following Pregnancy related topics

Feeding and caring for a newborn

Routine tests and procedures

Workplace Safety

Stress Management

Food Safety

Dental Health

Vaccinations

My emotional /mental health

Labour and Delivery/C-Section

Managing common discomforts

Other: _____