BB Stockholm Family

WELCOME!

Name:_____
Date of birth/personal number:_____
Country of birth: _____No of year in Sweden: _____
Adress:_____
Phone number:_____
Living with partner ☐ Single ☐ Other ☐
Work: Full time ☐ Part time ☐ Unemployed ☐ Studying ☐
Profession:_____Employer:_____
Home/workplace environment problems?: Yes ☐ No ☐ Vårdcentral (health center)_____

Partner/closest relative:_____
Adress (if other): _____
Phone number: _____

General info
Today's weight:_____ height:_____
Last periods first day:_____
How long is the interval between periods:_____
How many days does the period last:_____
Date of positive pregnancy test:_____
No of years trying to get pregnant:_____ Needed assistance to become pregnant (method):_____
If IVF or ICSI date of ET:_____

Previously pregnancy/ies/ and childbirth:
Write your previous pregnancies and childbirth. Also misscarriages/abortions.

Year/month	Gender	Weight	Hospital	Week of pregnancy	Ev. complications/child birth experience

If you have any experience of breastfeeding, please describe your experience: _____
_____

Do you have any allergies? Yes ☐ No ☐ If yes, what are you allergic to: _____
Do you eat any medicine/vitamin/painkillers? Yes ☐ No ☐ If yes, which? _____
Did you use nicotine (/recreational drugs before pregnancy? Yes ☐ No ☐
If yes what and how much:_____
Do you use nicotine/recreational drugs now? Yes ☐ No ☐
If yes what and how much: _____

Hereditary diseases in your family (parents or siblings)?

Has anyone in your immediate family (mother, father, siblings) have or had any of following diseases?	**Yes**	**No**	**If yes. Who?**
High bloodpressure			
Blood clots			
Haemophilia			
Thyroid disease			
Pre-eclampsia			
Hereditary disease or malformations?			

Other: _____

Do you have (or had) any of following diseases?	**Yes**	**No**
Heart- coronary disease (e.g. high bloodpressure, heart attack etc.)		
Blood clot		
Psychiatric disease (e.g. depression, anxiety, ADHD, ADD, autism etc.)		
Liver disease (e.g. Hepatitis, jaundice)		
Gynaecological disease (e.g. herpes genital, myoma etc.)		
Metabolic disease (e.g. thyroid etc)		
Urinary tract infection repetadly last year or severe		
Pulmonary disease (e.g.asthma)		
Kidney disease		
Inflammatory disease of the intestines (e.g.Ulcerative colitis, Morbus Chron)		
Diabetes		
Arthritic disease (e.g. rheumatism, MS, back pain)		
Epilepsy		
SLE (inflammatory disease that affects the immune system)		
Headache/Migraine		
Eating disorder (e.g. anorexia, bulimia)		
Resistent bacteria (e.g. MRSA)		
Do you have a wound infection		

Other: _____

Have you been x-rayed or vaccinated since you got pregnant? Yes ☐ No ☐

Have you ever had a blood transfusion? Yes ☐ No ☐ If yes, which year? _____

Have you had any surgery? Yes ☐ No ☐ If yes what kind of operation: _____

_____

Have you been in contact with a psychologist, counselor or social worker the last year? Yes ☐ No ☐

If yes, who:_____

Please describe your feelings towards pregnancy and childbirth: _____

_____

_____

When was your last pap-test/HPV home-test? _____

Would you like to add anything?

All medical drugs that end up in the environment affects it-please leave medicin that are left over at the pharmacy.

INFORMED CONSENT

Biobank, Cohesive patient records, The Swedish Pregnancy Register

Biobank
Most bloodtests that are taken in Region of Stockholm are saved in so called biobanks.

Read more: 

Cohesive patient records
Maternity care and obstetric clinics in Stockholm have cohesive patient record in a commonly used patient record system called Obstetrix.
This means that those that care for you during your pregnancy can read all your records.

Read more about Obstetrix: 

The Swedish Pregnancy Register
The register collect and process information all the way from early pregnancy to a few month after birth through the patient records.
Read more: 

Please inform your midwife if you DON`T consent to the above mentioned record keeping.
Mödravårdsenheten SLL.

Questions required for the pregnancy register, a national quality register:

Country of birth: _____

Level of Education:

- ○ No Education
- ○ Elementary
- ○ High school
- ○ University

Employment:

- ○ Working
- ○ Studying
- ○ Parental leave
- ○ Unemployed
- ○ On sick leave
- ○ Other

How did you perceive your general state of health before pregnancy?

- ○ Very good
- ○ Good
- ○ Neither good or bad
- ○ Bad
- ○ Very bad