McLaren

FLINT

NOB CHECK -OFF

Name:_____ **Maiden Name:**_____

SOCIAL HISTORY

Yes	No	Do You or the Baby's Father. . .	Baby's Mother	Baby's Father	IF YES, PLEASE EXPLAIN
❑	❑	1. Have you or the baby's father been a victim of a violent crime or assault?	❑	❑	_____
❑	❑	2. Did you or your partner grow up in a violent family?	❑	❑	_____
❑	❑	3. Do you or your partner tend to use force or become physical to "solve" problems?	❑	❑	_____
❑	❑	4. Have you or your partner used or abused alcohol or drugs?	❑	❑	_____
❑	❑	5. Is this pregnancy accepted by you, the baby's father and your families?	❑	❑	_____

First Day of LMP _____

Pregnancy Test ❑ Yes Date _____ ❑ No

Referring Doctor _____

Primary Doctor _____

Type of Insurance _____

Need Referral ❑ Yes ❑ No

Lab Work Ordered ❑ Yes ❑ No – Done by PCP

EDC Book ❑ Yes

Educational Session ❑ Yes Date_____ ❑ Declined

NOB Nurse Visit Date _____

NOB Doctor Visit Date _____

Name of Prenatal Vitamins: _____

Previous Chart Available: ❑ Yes ❑ No

COMMENTS: _____

_____

_____

_____

_____

_____

CONFIDENTIAL — NOT PART OF MEDICAL RECORD