

Visit #1 -First sign of pregnancy**Visit #2 - Month 2**

Name of Physician: _____	Name of Physician: _____
Date of appointment: _____	Date of appointment: _____
Time of appointment: _____	Time of appointment: _____
Attended: _____ yes / no	Attended: _____ yes / no
Special Instructions: _____	Special Instructions: _____

Visit #3 -Month 3**Visit #4 - Month 4**

Name of Physician: _____	Name of Physician: _____
Date of appointment: _____	Date of appointment: _____
Time of appointment: _____	Time of appointment: _____
Attended: _____ yes / no	Attended: _____ yes / no
Special Instructions: _____	Special Instructions: _____

Visit #5 - Month 5**Visit #6 - Month 6**

Name of Physician: _____	Name of Physician: _____
Date of appointment: _____	Date of appointment: _____
Time of appointment: _____	Time of appointment: _____
Attended: _____ yes / no	Attended: _____ yes / no
Special Instructions: _____	Special Instructions: _____

Visit #7 - Month 7**Visit #8 - Month 7**

Name of Physician: _____	Name of Physician: _____
Date of appointment: _____	Date of appointment: _____
Time of appointment: _____	Time of appointment: _____
Attended: _____ yes / no	Attended: _____ yes / no
Special Instructions: _____	Special Instructions: _____

Visit #9 - Month 8**Visit #10 - Month 8**

Name of Physician: _____	Name of Physician: _____
Date of appointment: _____	Date of appointment: _____
Time of appointment: _____	Time of appointment: _____
Attended: _____ yes / no	Attended: _____ yes / no
Special Instructions: _____	Special Instructions: _____

Visit #11 - Month 9**Visit #12 - Month 9**

Name of Physician: _____	Name of Physician: _____
Date of appointment: _____	Date of appointment: _____
Time of appointment: _____	Time of appointment: _____
Attended: _____ yes / no	Attended: _____ yes / no
Special Instructions: _____	Special Instructions: _____

Visit #13 - Month 9**Visit #14 - Month 9**

Name of Physician: _____	Name of Physician: _____
Date of appointment: _____	Date of appointment: _____
Time of appointment: _____	Time of appointment: _____
Attended: _____ yes / no	Attended: _____ yes / no
Special Instructions: _____	Special Instructions: _____

Pre-natal Check-ups

After finding out you are pregnant there are so many things to think about. Whether you are excited, scared, nervous, worried, happy, or shocked, there is help out there for you and your baby. Please look at the following information to help you and your baby have a healthy happy new life together.

On your first pre-natal visit you should:

1. Try to get all past family medical history. This will help the physician identify any possible problems that could occur during the pregnancy.
2. Talk with your doctor if you are smoking, drinking, or using substances. He/she will be able to assist you in getting the appropriate treatment and/or support to help with what you are going through. You are not alone!
3. Tell your health care provider if you are taking any medications.
4. Tell your health care provider if you are concerned for your safety and the safety of your baby. He/she can help you with the proper resources.
5. Tell your health care provider if you are unable to pay for services or proper nutrition for you and your baby. They can link you to programs such as WIC, Healthwave, Medicaid, or prenatal educational classes.
6. Write down any questions you may have about your pregnancy. Some questions may include:
 - ✓ What do you recommend for pregnancy aches and pains?
 - ✓ What medications can I take during pregnancy?
 - ✓ I smoke, drink or use substances, what can you recommend to help me quit? Are there any support groups or treatment facilities I can go to during my pregnancy?
 - ✓ I am always nauseous what can you recommend for that?
 - ✓ Can you suggest any pre-natal classes?
 - ✓ What happens at each prenatal visit?
 - ✓ How much weight gain is healthy?

On each pre-natal visit you should:

1. Follow up with your doctor if you are still smoking, drinking or using substances. They can help you stop so that your baby can live a healthy, happy life.
2. Even if you do not smoke, remember second hand smoke is just as harmful for you and your baby.
3. Remember to keep taking your prenatal vitamins.
4. If you are feeling overwhelmed, physically, emotionally or financially, tell your health care provider, they know people that can help.
5. Write down any questions you may have about your pregnancy. Some questions may include:
 - ✓ Should I get a flu shot?
 - ✓ When do I find out the sex of the baby?
 - ✓ I still can't stop smoking, drinking or using substances, I need help where should I go or what should I do?
 - ✓ What can I expect during labor and delivery?
 - ✓ I'm getting nervous what can I do?
 - ✓ I have a history of depression, should I be concerned about post-partum depression?

If you use any type of substance please inform your health care provider or contact a local treatment facility so that you and your baby can live a healthy happy life together. You and your baby are worth it!



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