

FORM FOR MEDICAL CASE HISTORY FOR THE MATERNITY CLINIC

The mother's information

Name (including previous surnames)		Social security number
Address		Home municipality
Phone number	Mother tongue	
E-mail address		
Couple relationship and civil status (married/unmarried, but living together/other)	Profession/job	

The partner's/the baby's fathers information

Name		Social security number
Address (if different than the baby's mother's address)	Profession/job	Phone number

Gynaecological case history

Menstrual cycle: 🗌 re	egular (cycle l	ength 2	23-35 days) 🗌 irregular			
The cycle's length in days:					atest menstruation ed, date:	
The latest Pap test was taken, date:		0		When and where have the changes been reated:		
Previous fertility treat	ment:					
Assisted conception, what:						
Other, what:						
Length:	cm Weigh	it:	kg before the pregna	incy		
Name suggestion for emergency baptism:			Girl:		Воу:	

Previous births, miscarriages and abortions

year/ month	duration of the pregnan- cy	sex	weight at birth	how the pregnancy and the childbirth proceeded	duration of the child- birth	duration of breast- feeding	hospital

Diseases and medication

Have you or the father of the baby got any of the following diseases or have you got any of them currently

(M = mother, F = father)

Disease	М	F	Disease	М	F
Diabetes			Some other neurological disease/migraine		
Hypertension			Changes in the mental health or a mental		
			illness		
Allergy			A congenital deformity		
Kidney disease			A disability		
Liver disease			Herpes		
Heart disease			Genital herpes		
Lung disease/asthma			Some other disease:		
Epilepsy					

Has the mother of the baby got any of the following diseases:

Disease	No	Yes	Disease	No	Yes
Urinary tract infection			Have you received treatment in a hospital in		
			another country within the last six months		
Thyroid gland disease			Tumours		
Rheumatism			Hormonal treatment		
Has had chicken pox			Sexually transmitted diseases		
Has had the fifth disease (caused by parvovirus)			Gynaecological operations/inflammations		
MMR vaccine x2			Other operations		
Vascular occlusions (blockage of blood ves-			A earlier child has had phototherapy (treat-		
sels)			ment with light) because of jaundice		
Diagnosed tendency to develop blood clots in			Previous anti-D protection		
veins					
Have you had blood transfusions			Allergy to medication		

What medication(s) are you allergic to:	
Regular medication:	
More information about the diseases:	
Diseases among the nearest relations:	

Health behaviour and lifestyle

		-		
Diet:	🗌 normal	a special diet, what:		
What kind of	exercise do you	do, including incidental phy	sical activity (exercise we	get during daily activities e.g. taking the
stairs, vacuum	ning, mowing th	e lawn):		
How often do	you, on average	e, do fitness training for at le	east half	times a week
an hour at a ti	ime so that you	get out of breath and sweat	iy:	
The latest ora	l health check-u	p:		

Use of addictive substances

Smoking/use of snus

Mother:	no	yes:	cigarettes/portions of snus a day	
How man	y years have	e you smoked/	sed snus:	
Stopped i	n the pregna	ancy week:		

Father: no	yes:	cigarettes/portions of snus a day
How many years have you	u smoked/used snus:	
Have stopped smoking in:	:	

If needed, please take the website Päihdelinkki's nicotine addiction test (link to the test, test in Finnish)

Alcohol consumption

Alcohol consumption before the pregnancy

Mother:	no	🗌 yes	
Father:	🗌 no	🗌 yes	

Both of the parents should take the website Päihdelinkki's AUDIT test about alcohol risks (link to the test)

Points in Päihdelinkki's AUDIT test: Mother: Father:	
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Drugs

Drug use before the pregnancy

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Mother:	no	yes
Father:	no	yes

If needed, please take the website Päihdelinkki's the test about drug use (link to the test, test in Finnish)

Number of points in Päihdelinkki's drug	Mother:	Father:
use test:		

More information about drug use:							

The tests aren't diagnostic tools. They are used to map out the situation and to provide a basis for the discussion.