Date: ­      Preferred name: ­

To make the most of your session, we ask that you please complete this form and email back to [nde@vch.ca](mailto:nde@vch.ca) before your appointment. The information you provide will be kept confidential.

**Health History**

Expected due date:       Number of previous pregnancies:

Pre-pregnant weight:       Height:

Have you had any problems during this pregnancy? (e.g. nausea, high blood pressure, etc.)

Are you being treated for any other health problems? (e.g. arthritis, high blood pressure, etc.)

Does anyone in your family have diabetes? Yes  No  Don’t know  If yes, who?

Prenatal vitamin: Yes  No  Iron: Yes  No

Other vitamin/supplement(s):

Medication(s):

Do you have any allergies? Yes  No

If yes, please describe:

**Personal History**

Number of adults in household:       Number of children:       Ages of children:

What country were you born in?

What language do you speak at home?

**Employment**

Do you currently work? Yes  If yes, Full time  Part time  Casual  Shift work

No

What is your occupation?

Hours of work:

**Activity/Exercise**

What physical activities are you doing at present? (e.g. walking, swimming, etc.)

**Substance Use**

Have you used any alcohol, tobacco, marijuana, or other substances during your pregnancy? Yes  No

**Food History**

Have you changed your eating habits recently? Yes  No

If yes, please describe:

Do you follow any particular diet? Yes  No  If yes, please describe:

Do you have any food sensitivities? Yes □ No □ If yes, please describe:

Please check the meals and snacks that you would normally eat, and provide an example of the food(s) eaten:

Breakfast:

Morning Snack:

Lunch:

Afternoon Snack:

Dinner:

Evening Snack:

What would you like to learn or discuss at this session?