

Forssa hospital

Please fill in this form, sign it and take it with you to the maternity hospital.

| | | |
|---|--|--------------------------------------|
| Familyname and fornames | | Date of birth and identity number |
| Marital status <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> common-law marriage <input type="checkbox"/> separated <input type="checkbox"/> widow <input type="checkbox"/> divorced | | |
| Profession | | |
| Address | | Telephone number, mobile phone, work |
| Municipality of residence | | |
| Father's name | | Father's date of birth |
| Contact person if not the father of the baby | | |
| The address of the father or contact person | | Telephone |

| | | | | |
|---|--|--|--|--|
| Family diseases <input type="checkbox"/> 1. diabetes <input type="checkbox"/> 3. asthma <input type="checkbox"/> 5. handicapped <input type="checkbox"/> 7. hereditary diseases <input type="checkbox"/> 2. hypertension <input type="checkbox"/> 4. congenital malformations <input type="checkbox"/> 6. allergy <input type="checkbox"/> 8. something else | | | | |
| The diseases of the mother <input type="checkbox"/> 1. diabetes <input type="checkbox"/> 5. asthma <input type="checkbox"/> 9. allergy <input type="checkbox"/> 12. thyroid gland disease <input type="checkbox"/> 16. gynaecological diseases <input type="checkbox"/> 2. hypertension <input type="checkbox"/> 6. epilepsy <input type="checkbox"/> medicine <input type="checkbox"/> 13. kidney or liver disease <input type="checkbox"/> 17. something else <input type="checkbox"/> 3. heart disease <input type="checkbox"/> 7. anemia <input type="checkbox"/> food <input type="checkbox"/> 14. mental disease <input type="checkbox"/> 4. urine infections <input type="checkbox"/> 8. rheumatism <input type="checkbox"/> 10. venereal diseases <input type="checkbox"/> 15. neurological disease <input type="checkbox"/> 11. operations | | | | |
| When and where treated <input type="checkbox"/> Medical treatment | | | | |
| Special diet | | | | |

K-HKS 1178B.3.15 (Intra / Lomakkeet / S)

Kanta-Häme hospital district
Hämeenlinna
 Maternity unit
 Ahvenistontie 20
 13530 Hämeenlinna
 Appointment 12.00 – 14.00
 Tel. 03 629 2103

Forssa hospital
 Maternity unit
 Urheilukentänkatu 9, PL 42
 30101 Forssa
 Tel. 03 4191 3422

| | | | | | |
|---|--|---|--|---|------------------------------------|
| Earlier labours | Year | Where | Pregnancy weeks, sex, weight, health | Something special in earlier pregnancies or labours | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Miscarriages | Year | Where | Pregnancy weeks | Treatment | |
| | | | | | |
| | | | | | |
| Height Weight | Height cm | | Weight before the pregnancy kg | | |
| Menstruation | Last menstruation date | | | Due date | |
| Contraception | <input type="checkbox"/> IUD | | taken off | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> The pills | | finished | | |
| Artificial insemination | <input type="checkbox"/> IVF | <input type="checkbox"/> Hormonal | | | |
| | <input type="checkbox"/> Insemination | <input type="checkbox"/> Else | | | |
| Smoking | Mother | | Father | | |
| | <input type="checkbox"/> no, finished (date) | | | <input type="checkbox"/> no, finished (date) | |
| Intoxicants | <input type="checkbox"/> Alcohol | <input type="checkbox"/> not during the pregnancy | <input type="checkbox"/> weekly | <input type="checkbox"/> daily | <input type="checkbox"/> sometimes |
| | <input type="checkbox"/> Drugs | <input type="checkbox"/> never | | | |
| The name proposal | Girl | | Boy | | |
| Wishes to the maternity ward | | | | | |
| | If asked is it allowed to give any information | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> To no one <input type="checkbox"/> Only to: | | | | |
| <input type="checkbox"/> I let Kanta-Häme hospital district ask for the data of my earlier labours. | | | | | |
| <input type="checkbox"/> I don't let Kanta-Häme hospital district ask for the data of my earlier pregnancies. | | | | | |
| _____ . _____ .20 _____ | | | | | |
| _____ Signature _____ | | | | | |